



Report to the Legislature

Determining the Value of Opiate Substitution Treatment

RCW 70.96A.420(4)

December 2002

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EXECUTIVE SUMMARY

This report, “Determining the Value of Opiate Substitution Treatment,” is the ninth in a series of annual outcome reports related to the delivery of opiate substitution services in Washington State. This report fulfills the legislative requirement contained in RCW 70.96A.420(4), enacted in the 2001 Legislative Session, to provide an “outcome analysis” of programs providing opiate substitution treatment. It is prepared under the auspices of the Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA) as part of its continuing efforts to monitor the quality of care and evaluate the cost effectiveness of providing alcohol and drug treatment services.

1. *The Problem Defined*

The White House Office of National Drug Control Policy estimates there are as many as 980,000 people addicted to heroin nationwide.¹ (Heroin addiction is the most common form of opiate addiction.) Most do not receive any kind of treatment. The financial costs of untreated heroin addiction to individuals, family, and society are estimated by the National Institutes of Health at approximately \$20 billion each year.²

People with chronic heroin addiction pose a significant public health risk to our communities. Because the large majority are injection drug users, people with chronic heroin addiction are more likely to contract and spread HIV and hepatitis B and C. The federal Centers for Disease Control and Prevention estimate that injection drug users (most of whom are heroin users), their sexual partners, and their offspring account for approximately 35% of new HIV infections each year.³ Chronic heroin users are more likely to engage in criminal activity, and place increased strain upon public resources through expenditures for welfare costs, emergency room and hospital admissions, and psychiatric hospitalizations.

2. *Treatment Works*

Opiate substitution is one form of treatment on a continuum of care for heroin addiction. Detoxification, drug-free treatment, counseling, support groups, and life skills training – including vocational rehabilitation -- combined with newer medications and methadone maintenance treatment constitute the continuum of care used to address opiate addiction in the U.S. today.

Opiate substitution treatment has scientifically been shown to work. By far the most common form of opiate substitution treatment is methadone therapy. In its 2000 National Drug Control Strategy, the White House Office of National Drug Control Policy called methadone therapy “one of the longest-established, most thoroughly evaluated forms of drug treatment.”⁴ A

¹ Office of National Drug Control Policy, *The National Drug Control Strategy: 2000 Annual Report*, p. 16. Washington, DC: Office of the White House, 2000.

² National Institutes of Health, *Effective Medical Treatment of Heroin Addiction: NIH Consensus Statement 1997*. November 17-19, 1997 15(6).

³ Centers for Disease Control and Prevention. (1998). *HIV/AIDS Surveillance Report*. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

⁴ *National Drug Control Strategy 2000*, p. 57.

Consensus Panel convened by the National Institutes of Health in 1997 concluded that, “Methadone treatment significantly lowers illicit opiate drug use, reduces illness and death from drug use, reduces crime, and enhances social productivity.”⁵ The 12-member Panel strongly recommended broader access to methadone maintenance treatment programs for people addicted to opiates, and elimination of federal and state regulations and other barriers impeding this access. A 1998 review by the U.S. General Accounting Office found that methadone therapy helps keep 179,000 addicts off heroin, off welfare, and on the tax rolls as law abiding, productive citizens.⁶

3. *Seattle-King County – A Success Story*

The experience of Seattle-King County is particularly instructive. From 1990 to 1998, the rate of heroin-related deaths in King County grew more than 170%. In 1998, there were more unintentional opiate overdose deaths in King County (143) than traffic deaths (119).⁷

Faced with an epidemic, city and county government undertook a coordinated response to address heroin addiction. King County authorized a 50% expansion in the number of opiate substitution treatment slots, and authorized a mobile methadone clinic. The County also provided preventive and limited substance-abuse treatment services in the local criminal justice system, and expanded the availability of drug-free housing for individuals in recovery.

The result is that heroin-related deaths in King County have declined dramatically, by 57% to 61 in 2001. As show in the following chart, the rate of heroin-related deaths has fallen from 8.8 per 100,000 people in 1998 to 3.5 per 100,000 in 2001. Emergency room mentions of heroin have similarly declined, from 78 per 100,000 people in July-December 1997, to 38 in January-June 2001, representing a 51% decrease. Recently, however, new treatment admissions have also declined, probably because effective treatment is resulting in longer treatment stays, and correspondingly fewer open treatment slots.⁸ There is still a waiting list of 500-600 people in King County at the Seattle Needle Exchange who have requested treatment, but are unable to access it because of limited treatment capacity and sources of funding.⁹ Seattle-King County’s Heroin Task Force now lists as their number one priority to “Begin to provide treatment to all heroin addicts who request it, without limitations of waiting period, insurance/funding, or location.” This priority was set to support the two underlying principles of the Task Force: 1) Help individuals addicted to heroin return to useful productive lives; and 2) Decrease the overall human suffering and monetary costs to the community due to heroin addiction.¹⁰

⁵ *Effective Medical Treatment of Heroin Addiction*.

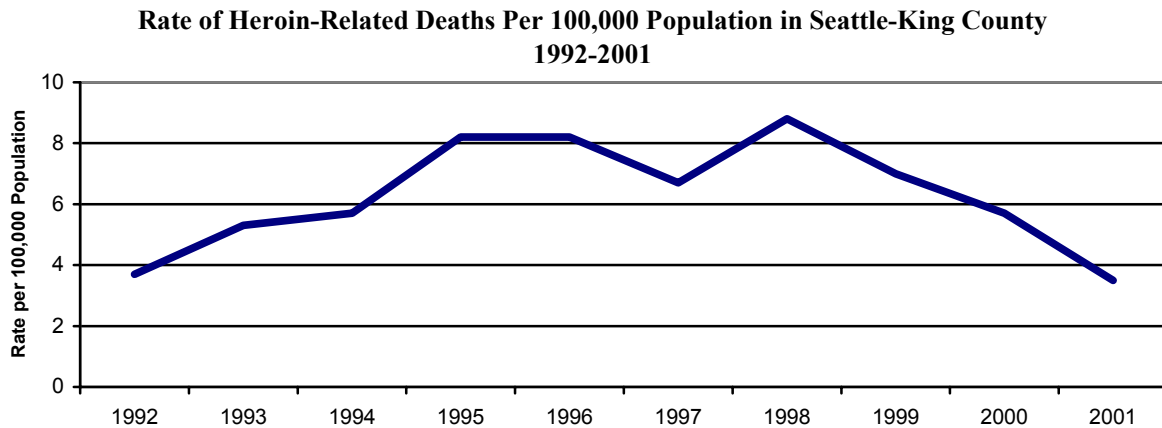
⁶ *National Drug Control Strategy 2000*, p. 57.

⁷ Solet, D., Hagan, H., Nakagawara, J., Plough, A., and Ball, J. “Unintentional Opiate Overdose Deaths – King County, 1990-1999. *Morbidity and Mortality Weekly*, 49:29, pp. 636-640.

⁸ Banta-Green, Caleb et al. “Recent Drug Abuse Trends in the Seattle-King County Area”, *Epidemiologic Trends in Drug Abuse*, June 2002.

⁹ See Public Health – Seattle & King County (August 2001). *Heroin Task Force Report: Confronting the Problem of Heroin Abuse in Seattle and King County*.

¹⁰ *Ibid.*



4. *Situation in Washington State Today*

It is estimated that approximately 29,967 Washington State residents have been dependent upon opiates during their lifetime.¹¹ As of January 1, 2002, 3,200 individuals were receiving opiate substitution treatment for heroin addiction, an increase of 5.3% over the same date in 2001. Of these, 1,714 (53.6%) were publicly funded.¹²

Opiate substitution treatment clinics have been operating in Washington State for more than 25 years. As of December 2002, there are 13 opiate substitution treatment clinics operating in five counties in Washington State. Six fixed locations and one mobile clinic are in King County, two of which serve only private-pay patients. In addition, there is a pilot program at Harborview Medical Center through which physicians provide opiate substitution treatment to clinically stable patients. Pierce County has two clinics (now operating as a single program), and Spokane and Yakima Counties each have one. A new clinic was opened in Thurston County in September 2002. Clark County contracts with an opiate substitution treatment program in Portland, Oregon to serve its residents. The Veterans Administration contracts with two clinics (in Spokane and Yakima) to provide services, and, additionally, operates two clinics itself in the Puget Sound region.

Prior to legislation enacted in 2001, Washington State law limited the number of patients who can be treated at each clinic to no more than 350. Counties now have the option of lifting this lid on enrollment. In King County, it is estimated that there are between 15,000-20,000 injection drug users, 70% of whom are chronic heroin users and could benefit from treatment.¹³ In addition, people with chronic heroin addiction living in rural and even some urban areas have to travel six days a week to King, Pierce, Yakima, Thurston, or Spokane Counties or to Portland to access treatment. There are waiting lists, sometimes longer than nine months, for the publicly funded slots at each of the operating clinics, preventing treatment at that critical juncture when addicted individuals are prepared to access it.

¹¹ Kohlenberg, E., Yette, R., and Mack, C. *Needs Assessment Data Project Report: Division of Alcohol and Substance Abuse, Fiscal Year 1990*. Olympia, WA: Department of Social and Health Services, Office of Research and Data Analysis, Planning, Research and Development, 1992.

¹² Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2002.

¹³ Heroin Task Force Report, p. 10

5. *Public Costs of Opiate Substitution Treatment*

In 2001, \$4,936,940 in public funds were expended for opiate substitution treatment: \$2,675,568 were federal funds from the SAPT (Substance Abuse Prevention and Treatment) block grant and from the federal Medicaid program; \$2,261,372 were state funds expended from the VRDE (Violence Reduction Drug Enforcement) Act account and PSEA (Public Safety and Education Account).

6. *Key Policy Questions*

In order to evaluate the value of opiate substitution treatment, DASA posed two policy questions that form the core of this report:

- Does opiate substitution treatment contribute to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?
- Does opiate substitution treatment support the Department of Social and Health Services' mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives?

7. *Methodology*

Findings in this report were based on a sample of 962 publicly funded and private-pay patients discharged from opiate substitution treatment in Washington State between January 1, 2001 and September 30, 2001.¹⁴ The analyses of patient characteristics and outcomes were conducted by Brent Baxter, Ph.D., of the Alcohol and Drug Abuse Institute, University of Washington, based on data gleaned from the TARGET system.

The typical patient in this sample was 40 years old, Caucasian, and had first used heroin at age 21. More than 80% used heroin daily prior to admission. Some 40% had children under age 18, with 17% having children in the home. There were slightly more females than males among publicly funded patients, while about two-thirds of private-pay patients were male. At treatment admission, most patients were using multiple drugs, with about two-thirds of publicly funded patients using cocaine as well as heroin.

In attempting to answer the key policy questions, changes in patients' drug use and lifestyles were analyzed by comparing significant variables in the 12-month period prior to treatment and during treatment itself. For some variables, such as those measuring employment status, the comparison points were the patient's condition at treatment admission and at discharge.

¹⁴ A revamping of the Division of Alcohol and Drug Abuse's TARGET information system went into effect in the fourth quarter of 2001. Data for that quarter are not yet complete.

8. *Core Findings*

In assessing changes in the lives of patients included in the sample, data were analyzed for publicly funded and private-pay patients. Some secondary analysis was conducted comparing outcomes for those in treatment less than one year and those in treatment one year or longer. (Similar analyses were conducted based upon each of the treatment programs providing services to patients included in the study, and are detailed following the statewide results.)

- Publicly Funded and Private-Pay Patients

The most extensive set of analyses compared changes in status and outcomes among publicly funded and private pay patients. Results demonstrated substantial improvements in patients' lives and in costs borne by communities, regardless of the funding source for treatment.

	<u>Publicly Funded</u>	<u>Private-Pay</u>
	(n=600)	(n=362)
Drug offense arrests were reduced by:	81%	85%
Property crime arrests were reduced by:	64%	75%
Overall arrests declined by:	63%	65%
Medical hospital admissions were reduced by:	48%	82%
Emergency room visits decreased by:	51%	81%
Major health care service utilization dropped by:	37%	68%
Psychiatric hospitalization declined by:	50%	100%
Employment increased by:	22%	4%

These data are consistent with national studies and findings in DSHS annual outcome reports for prior years.

- Shorter- and Longer-Term Treatment

Secondary analyses compared changes in frequency in heroin use among publicly funded opiate substitution patients before treatment and at discharge for those in treatment less than one year and those in treatment one year or longer. No use of heroin in the month prior to discharge was reported by 21% of publicly funded patients in treatment less than a year, but increased to 46% among publicly funded patients in treatment one year or longer. Daily heroin use for publicly funded patients in treatment less than a year declined from 82% at admission to 15% at discharge. Daily heroin use for publicly funded patients in treatment for at least one year was

reduced from 75% to 8% at discharge. Similar improvements were found in arrests among longer-term patients, regardless of treatment funding source. The percentage of patients in treatment more than a year who experienced a criminal arrest dropped 72% from admission to discharge among publicly funded patients and 58% among private-pay patients.

9. *Voluntary vs. Involuntary Discharges*

As required under RCW 70.96A.420(4), an analysis was undertaken to determine the frequency with which opiate substitution treatment patients are discharged “involuntarily”, either for committing rule violations or because they were non-amenable to treatment. Among the 962 patients in the current study, 58% of patients were discharged involuntarily, with considerable variation across funding sources and treatment programs. Logistical regression analysis indicated that, on average, patients who were involuntarily discharged were more likely to have received publicly funded treatment and have no criminal arrests in the year prior to treatment admission.

10. *Further Analysis*

Several other sources of information were used that lend further confirmation to the results found in this report. A study of those admitted to opiate substitution treatment and either discharged or continuing to receive opiate substitution treatment is being conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington. Preliminary results from a sample taken between October 1999 and December 31, 2000 indicate that among those admitted to opiate substitution treatment, 55.0% were abstinent from heroin during the prior 30 days at the six-month follow-up. (None had been abstinent upon admission.) Over two-thirds (69.5%) were abstinent from heroin during the prior 30 days at the 12-month follow-up. Changes were found to be directly related to length-of-stay in treatment (longer courses of treatment resulting in better outcomes).

The state’s largest provider of opiate substitution treatment services – Evergreen Treatment Services – performs a monthly analysis of urine specimens taken from patients. An examination of specimens taken in July and August 2002 reveals a clear correlation between length of time in treatment and remaining drug free. Between 60.7%-79.6% of specimens taken from methadone patients in treatment for 0-3 months test positive for drugs other than methadone.¹⁵ For patients in treatment longer than 24 months, the percentage testing positive declines by three-quarters or more (12.6%-18.5%).

11. *Conclusions*

As in previous DSHS annual outcome reports, the findings contained in this report continue to demonstrate conclusively that opiate substitution treatment contributes to significant reductions in crime, utilization of acute health care and psychiatric services, and reliance on public assistance. Opiate substitution treatment programs are successful in mitigating the negative consequences of heroin addiction and helping patients achieve safe, secure, self-sufficient, and

¹⁵ Drugs detected include opiates (alone), cocaine (alone), opiates and cocaine, benzodiazepines (alone or in combination, and amphetamines/methamphetamine (alone or in combination).

healthy lives. Publicly borne costs for major health care services, emergency room admissions, psychiatric hospitalizations, criminal justice and incarceration, and welfare are substantially reduced as a result, and communities are safer, healthier places to live.

12. *New Programs*

In recognition of the success of opiate substitution treatment in improving public health and safety, current law does not allow county legislative authorities to prohibit opiate substitution treatment programs in their jurisdiction. Instead, upon receiving an application for certification of an opiate substitution treatment program, DASA is required to consult with county and city legislative authorities, demonstrate a need in the community for such a program, and certify only as many program slots as can be justified by the need. Two public hearings must be held, and programs must be sited in accordance with appropriate county or city land use ordinances. Counties now have the authority to lift the lid of 350 participants per program.

In 2002, a new clinic opened in Thurston County. Hearings regarding placement of new clinics have been held in Clark, Pierce, and Snohomish Counties.

13. *Future Challenges*

The National Institutes of Health Consensus Panel laid out four challenges for the future of opiate substitution programs:

- Making treatment as cost-effective as possible while maintaining and improving quality of care.
- Increasing the availability and variety of treatment services.
- Including and ensuring wide participation by physicians trained in substance abuse who will oversee medical care.
- Providing additional funding for opiate addiction treatment and coordinating these services with other necessary social services and medical care.

The data contained in this report suggest another challenge. Individuals who participate in treatment for periods of one year or longer experience substantially better outcomes than those who remain in treatment for shorter periods. Further analysis is necessary to determine whether finding ways to keep those who leave early for longer periods would result in better outcomes for them as well. It should be noted that the lack of currently available treatment slots and limited funding mean that for every publicly funded patient who remains in treatment longer, one less slot is available for someone awaiting treatment.

A few states have implemented physician-based opiate substitution treatment programs on a limited basis. Such programs may be most appropriate for stable, long-term patients who no longer require extensive monitoring and intensive counseling services. The transfer of long-term, stable patients to physician-based programs would, in turn, free up badly needed resources and treatment slots in opiate substitution clinics. However, for physician-based programs to operate, there must be protocols developed with existing clinics, and there must be arrangements for dispensing and for the delivery of psychosocial counseling services. Additional funds would be needed to pay medical practitioners for their services.

Nonetheless, such a program is currently being piloted between Evergreen Treatment Services (ETS) and Harborview Medical Center, and shows great sign of promise. Beginning in January 2000, 30 patients who were clinically stable for at least one year were transferred to Harborview (ten in January, and the rest during the summer of 2000). Each had been receiving opiate substitution treatment for between two and 22 years, with a mean of ten years. Of these patients, 27 currently remain in the program after two years or more; one transferred to an opiate substitution treatment program in another state; one transferred back to the ETS mobile van program; and one died (cause of death was unrelated to drug use). None was discharged from treatment because of rule violations related to drug use.¹⁵

A final challenge is finding ways to reduce demand for methadone maintenance treatment by intervening in the lives of patients before such treatment is needed. Opiate substitution treatment is for patients whose addiction has already become chronic. Newer and promising medications such as buprenorphine, recently approved by Food and Drug Administration and which may be dispensed through physicians' offices, holds out the promise of effective and earlier intervention. This may, in the long term, reduce the need for dispensing of opiate substitutes such as methadone through specialized clinics, and contribute to ensuring healthier individuals and healthier communities. The cost of administering buprenorphine, however, remains an issue, and may be prohibitive for publicly funded medical service plans such as Medicaid. Other outstanding issues include arrangements for dispensing, and the delivery of counseling services.

¹⁵ Joseph Merrill, Harborview Medical Center. (2001). Personal communications, October 24, 2001, November 4, 2002. See also Merrill, Joseph O. "Policy Progress for Physician Treatment of Opiate Addiction", *Journal of General Internal Medicine* 2002, 17:361-368

Findings

Data Collection and Analysis

Data from opiate substitution treatment programs are entered into the state management information system called TARGET. Information from TARGET regarding 962 patients discharged during the first nine months of 2001 from ten treatment programs was analyzed to compare changes statewide in a series of criminal, social, health, and economic status indicators at patient discharge.¹ Information was also analyzed to compare frequency of heroin use before entry into treatment and at discharge. Comparisons were made based on these indicators between those patients whose treatment was at least partially funded by DASA (identified as “publicly funded patients”) and those paying for treatment with their own private funds or through private insurance (identified as “private-pay patients.”) Secondary comparisons were also performed between those in treatment less than one year and those in treatment for longer than one year. Other studies and previous iterations of this report have indicated significant differences in outcomes for those in treatment for longer periods of time. These analyses are contained in Part 1 of this report (beginning on page 17). Each chart also contains information about findings on these same indicators for patients discharged in 2000.

Part 2 contains results of similar analyses performed on data related to patients in each of the ten programs. Additional analyses undertaken of voluntary versus involuntary discharges by provider and funding sources are also included in Part 2 (beginning on page 83).

Patient and Treatment Characteristics

Of the 962 patients included in the study, 600 were publicly funded and 362 were private-pay. Table 1 (pages 21-27) displays the demographic, drug-related, and treatment characteristics of patients included in the study. The median age of patients was just over 40, with a range from 15 to 69. Among publicly funded patients, 52% were female, while males accounted for 67% of private-pay patients. Some 18% of publicly funded and 15% of private-pay patients had children under age 18 in their home. The overwhelming majority of both publicly funded (95%) and private-pay patients (91%) reported heroin as their primary substance of abuse. The median age of first use of heroin was about 21, suggesting that the average patient had been using heroin for nearly 20 years before current entry into opiate substitution treatment. All but 2% were also abusing other substances upon entry into treatment. Unlike what has been reported recently in other states, few patients (6%) were also users of amphetamines/methamphetamine.

¹ A revamping of the Division of Alcohol and Drug Abuse’s TARGET information system went into effect in the fourth quarter of 2001. Data for that quarter are not yet complete.

A. Criminal Arrests -- “To what extent does opiate substitution treatment contribute to an overall reduction in criminal activity?”

Opiate addiction is a disabling condition that generally results in individuals being unable to maintain steady employment. To obtain money to purchase drugs necessary to maintain their addiction, individuals may resort to criminal activity. Data were compiled and analyzed to discover the extent to which opiate substitution treatment is effective in curbing criminal activity.

Charts A-1 (page 31) for publicly funded patients and A-2 (page 32) for private-pay patients indicate that individuals receiving opiate substitution treatment are much less likely to be arrested while they are in treatment than in the year prior to treatment. The percentage of publicly funded patients with one or more arrests dropped by 63% (from 38% of patients to 14%); the percentage with drug arrests declined by 81% (from 21% to 4%); and the percentage with arrests for property crimes dropped by 64% (from 11% to 4%). It is worth noting that domestic violence, violent crime, and drunken driving arrests among individuals receiving opiate substitution treatment are relatively uncommon, both before and during treatment.

The decline in arrests among private-pay patients (Chart A-2, page 32) is even more striking: the percentage of patients with any arrests dropped 65%. There was an 85% decline in the percentage of patients with arrests for drug offenses; and the percentage of patients with a property crime arrest dropped 75% while in treatment.

Secondary analyses indicate that the declines in criminal arrests for the overall sample of patients occur for those in treatment less than one year (63%), and are even greater for patients in treatment more than one year for as long as treatment is being accessed (67%). Supplementary Chart A-1 (page 57) indicates that only 10% of patients receiving opiate substitution treatment for more than one year experience any arrest during their period of treatment. This is particularly noteworthy, as those discharged after more than one year remained in treatment for as long as 14 and a half years (5,259 days) before discharge, with a mean for publicly funded clients (in treatment longer than one year) of almost 3 years (1,021 days).

These results indicate that opiate substitution treatment is associated with substantial reductions in criminal activity. Such treatment can play an important role in improving community safety and helping to curb the growth in jail/prison populations. This, in turn, has positive effects in controlling criminal justice costs to the taxpayer.

B. Utilization of Health Care Services -- “To what extent does opiate substitution treatment contribute to healthier lifestyles and result in reduced utilization of acute health care services?”

Individuals suffering from opiate addictions do not have healthy lifestyles and may experience numerous health-related problems requiring acute medical and psychiatric care. These may include infections, drug overdoses, and trauma, among others. Data were compiled and analyzed to determine whether opiate substitution treatment contributes to healthier lifestyles resulting in reduced utilization of acute health care services.

Charts B-1 and B-2 (pages 35-36) present data related to the utilization of acute health care services by patients during the year prior to treatment and during treatment, for publicly funded

and private-pay patients respectively. Chart B-1 indicates that 52% of publicly funded opiate substitution patients required major medical treatment in the year prior to treatment. During treatment through discharge, the percentage of patients using major medical services dropped by 37%. Declines in percentages of patients visiting emergency rooms (51%) and patients being admitted to a medical inpatient facility (48%) were even greater. Use of psychiatric services also declined substantially during treatment, with the number of patients accessing inpatient psychiatric treatment dropping by 50%, and outpatient psychiatric treatment declining by 41%.

Chart B-2 indicates that reductions in acute health service utilization for private-pay patients were even steeper. The percentage of patients utilizing major medical services in the year prior to treatment was 53%. During opiate substitution treatment, which ranged from 1 to 5,413 days, the percentage of private-pay patients accessing major medical care services dropped by 68% (from 53% to 17%). The percentage of private-pay patients visiting emergency rooms declined by 81%, and the percentage of patients receiving inpatient medical admissions showed a 82% drop. Utilization of psychiatric health services showed similarly sharp declines.

Charts B-3 and B-4 (pages 37-38) display health care utilization rates (number per 1,000 patients per aggregate exposure month) for both publicly funded and private-pay patients before and during treatment. Reductions in all categories were significant, with major drops in medical inpatient days (67% reduction) and psychiatric inpatient days (71% decline) for publicly funded opiate substitution patients during treatment. Declines in these categories were even more profound among private-pay patients, at 88% and 96% respectively. Supplementary analyses (pages 60-63) demonstrate that these reduced acute health care service utilization percentages stabilize at still lower levels for patients who remain in treatment for one year or longer.

C. Public Assistance -- “To what extent does opiate substitution treatment reduce patients’ reliance upon public assistance?”

The addictive lifestyle of heroin users does not lend itself easily to economic self-sufficiency. Over the course of an average of some 20 years of abuse, users are likely to become increasingly dependent upon public assistance programs to meet their basic economic needs. Data were compiled and analyzed to determine the extent to which opiate substitution treatment reduces patients’ reliance upon public assistance.

Some 52% of publicly funded patients who entered opiate substitution treatment programs were receiving some form of public assistance at treatment admission. Chart C-1 (page 41) indicates that among publicly funded patients, 12% were TANF (Temporary Assistance for Needy Families) clients. Others received Supplemental Security Insurance (15%); General Assistance-Unemployable (18%); Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) assistance (1%); or other General Assistance (related to pregnancy or presumptive disability, or only Medical Assistance) (6%). At time of discharge, 48% of patients were not receiving any form of public assistance.

This pattern of little change in utilization of public assistance between treatment admission and discharge was found in previous DSHS annual outcome reports. It has also been observed that many patients who remain on public assistance after admission to treatment enroll in vocational training or educational programs likely to enhance their ability to become more economically self-sufficient in the future.

D. Employment Status -- “To what extent does opiate substitution treatment stabilize patients so that they are more likely to become economically self-sufficient through employment?”

The lifestyle of people with chronic heroin addiction and health problems related to long-term addiction makes finding and maintaining employment difficult. Data were compiled and analyzed to discover the extent to which opiate substitution treatment stabilizes patients so that they are more likely to become economically self-sufficient through employment.

Charts D-1 and D-2 (pages 45-46) display levels of employment and disability among publicly funded and private-pay opiate substitution treatment patients at treatment admission and at discharge. Chart D-1 indicates that at admission, only 18% of publicly funded patients were employed. Employment rose to 22% at treatment discharge, representing a 22% increase. Supplementary Chart D-2 (page 70) indicates employment among publicly funded patients in treatment one year or longer increased 29%, rising from 24% to 28%. However, 23% of publicly funded patients in treatment one year or longer at discharge still had disabilities that prevented them from working.

Chart D-2 indicates that about half of private-pay patients receiving opiate substitution treatment were employed both at treatment admission and at discharge. When data related to publicly funded and private-pay patients receiving treatment for one year or longer are combined (Supplementary Chart D-1, page 69), it is found that at discharge approximately the same percentage of patients were employed (38%) as were unemployed (37%).

E. Heroin Use -- “To what extent does opiate substitution treatment assist patients in achieving a drug-free lifestyle, or in reducing heroin use?”

The average heroin user comes to opiate substitution treatment with a long history of drug abuse and dependency. In fact, for the majority of patients – at an average age of almost 40, with heroin use having been initiated at a median age of 21 – this drug abuse and dependence spans most of their adult lives. Clearly, effecting major changes in drug use, up to and including abstinence, may require significant, even radical changes in attitudes, daily habits and routines, social contacts, and living conditions, as well as a reduction in the drug-craving which is the hallmark of physical addiction. Data were compiled and analyzed to discover the extent to which opiate substitution treatment assists patients in achieving a drug-free lifestyle, or in at least reducing their heroin use.

Chart E-1 (page 49) indicates that daily heroin use among publicly funded opiate substitution clients declined from 80% at treatment admission to 13% at discharge, representing an 84% drop. Those using heroin only 1-3 times in the past month increased from 6% to 16%. Those not using at all in the past month increased from 8% to 29%, representing a 263% increase. Chart E-3 (page 51) indicates that reductions in use for publicly funded patients in treatment for one year or longer are as substantial. Those using heroin daily dropped from 75% at treatment admission to 8% at discharge, representing an 89% decline. The percentage of patients not using at all in the month prior to discharge rose from 10% to 46%, representing a 360% increase. It should be noted that abstinence rates for those remaining in treatment for one year or longer and *not yet discharged* are likely to be even higher.

Heroin use is also substantially reduced among publicly funded patients who receive opiate substitution treatment for less than one year (the median length of treatment being 159 days). Chart E-4 (page 52) indicates that daily heroin use among publicly funded patients in treatment less than a year declined from 82% to 15%, representing an 82% drop. The percentage of those using only 1-3 times in the month prior to discharge rose from 5% to 18%. The percentage of those with no use in the past month increased from 7% to 21%, representing a 200% rise. These numbers are quite striking, given that the most common reason patients leave opiate substitution programs is failure to comply with treatment protocols.

Similarly prominent declines in heroin use are found among private-pay patients. Chart E-2 (page 50) indicates that the percentage of patients using heroin daily decreased from 90% at treatment admission to 22% at discharge, representing a 76% drop. The percentage of patients not using heroin at all in the month prior to discharge rose from 6% at treatment admission to 24% at discharge, representing a 300% increase. Chart E-5 (page 53) indicates that among private-pay patients in treatment for one year or longer, the percentage of those who did not use heroin at all in the previous month rose from 10% at treatment admission to 34% in the month prior to discharge.

Overall, as is indicated on Supplementary Chart E-1 (page 72), among all patients both publicly funded and private-pay combined, no use of heroin in the past month rose from just 10% upon admission (most of which was due to patients being confined in institutional settings) to 42% at discharge, a 320% increase. It is evident from these data that while opiate substitution treatment does not result in total abstinence from heroin by all patients, it does facilitate very substantial reductions in the frequency of heroin use. As made apparent by the previous findings, such reductions are associated with decreased criminal arrests, lower utilization of acute health care and psychiatric services, and, for some patients, less reliance on public assistance, and increased employment. Declines in frequency of heroin use are also associated with lower rates of HIV, hepatitis B, hepatitis C, tuberculosis, and other communicable infections. Thus, it would appear that lower heroin use rates facilitated by opiate substitution treatment result in safer, healthier, and more economically vibrant communities.

Voluntary vs. Involuntary Discharges

As required by RCW 70.96A.420(4), an analysis was undertaken of voluntary vs. involuntary discharges by type of provider and funding source. Complete results are to be found in Tables 4 (pages 273). Patients were considered to have been discharged “involuntarily” if their discharge was coded within TARGET to be a result either of rule violations or because they were non-amenable to treatment. In January-September 2001, 58% of all discharges were involuntary.

Multiple logistic regressions were run to determine if there were patient characteristics associated with involuntary discharge. Patients were more likely to be involuntarily discharged if they received publicly funded treatment or had no criminal arrests in the year prior to treatment admission. It should be noted that this analysis does not account for patients admitted who continued to receive opiate substitution treatment.

Further Analysis – Washington State Outcomes Project

The analysis in this report is based upon those who were discharged from treatment in the year 2000. A study of those admitted to treatment and either discharged or continuing to receive opiate substitution treatment is being conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington.

Data were collected on 261 publicly funded patients receiving either methadone maintenance or drug-free outpatient treatment for heroin addiction between October 1999 and December 31, 2000. Findings are based on interviews and data gathered at point of admission, and then interviews conducted at various points of follow-up. Preliminary results indicate the following:

- Among those admitted to methadone maintenance treatment, 55.0% were abstinent from heroin during the prior 30 days at the six-month follow-up. (None had been abstinent upon admission. This percentage includes both those who were discharged from treatment and those who remained.)
- Among those admitted to methadone treatment, 69.5% were abstinent from heroin during the prior 30 days at the 12-month follow-up. (This percentage includes both those who were discharged from treatment and those who remained.)

Changes were found to be directly related to length-of-stay in treatment (longer courses of treatment resulting in better outcomes) and whether or not patients completed a 180-day treatment regimen.

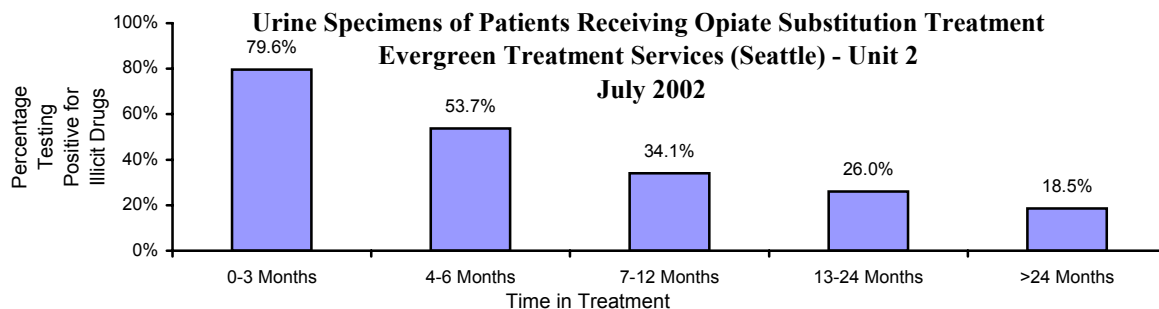
- Among those admitted to and remaining in methadone maintenance treatment, those reporting no illicit drug use rose from 28.6% in weeks 1-4 to 55.7% in weeks 9-12.
- In addition, among patients completing at least 170 days of treatment, the number of days in the prior 30 days during which they engaged in illegal activity dropped from 12 to 1, representing a 91.7% decline.

While more analysis remains to be completed, it is clear that since remediation of the disease of heroin addiction for most patients requires significant changes in lifestyle as well as proper medication, duration in treatment is an important predictor of improved outcomes.

Further Analysis – Urine Screening

The state's largest provider of opiate substitution treatment services -- Evergreen Treatment Services -- performs a monthly analysis of urine specimens taken from opiate substitution patients. An examination of specimens taken in July and August 2002 reveals a clear positive correlation between length of time in treatment and remaining drug free. Between 60.7%-79.6% of specimens taken from methadone patients in treatment for 0-3 months test positive for drugs

other than methadone.² For patients in treatment longer than 24 months, the percentage testing positive declines to 12.6%-18.5%.



Supplementary Analysis – Comparison of Patients Receiving Opiate Substitution Treatment with Opiate Users in “Drug-Free” Treatment

Supplementary analyses were performed to discover whether the characteristics of patients receiving opiate substitution treatment are different from those opiate-dependent individuals receiving “drug-free” treatment. The protocols for this analyses are set forth on pages 78-79. The comparison indicates that those receiving opiate substitution treatment were more likely to be older, non-white, employed, childless, and pregnant. They were less likely to be receiving psychiatric care or to have visited an emergency room in the prior year. They are also more likely to have had heroin as their primary drug of abuse; used heroin in the month prior to treatment admission; and used heroin daily in the month prior to treatment admission.

Patients in opiate substitution treatment were less likely to have been arrested in the year prior to treatment admission. This may reflect the policies of the criminal justice system (including drug courts) to refer people with chronic heroin addiction more often to “drug-free” treatment modalities.

Analysis of Individual Programs

Following the tables and graphs displaying statewide results in Part 1, Part 2 contains tables and graphs displaying outcomes for ten individual opiate substitution treatment programs:

- Alcohol/Drug Network (Spokane)
- Central Washington Comprehensive Mental Health (Yakima)
- Western Clinical Health Services (Federal Way)
- Evergreen Treatment Services – Primary Unit (Seattle)
- Evergreen Treatment Services – Unit 2 (Seattle)
- Evergreen Treatment Services –Unit 3 Mobile (Seattle)
- Tacoma-Pierce County Methadone Maintenance Program (Tacoma)
- Upper Tacoma Treatment Services (Tacoma)

² Drugs detected include opiates (alone), cocaine (alone), opiates and cocaine, benzodiazepines (alone or in combination), and amphetamines/methamphetamine (alone or in combination).

- Therapeutic Health Services – Midvale (Shoreline)
- Therapeutic Health Services – Summit (Seattle)

Table 3 displays the distribution of patient/treatment characteristics by provider and funding source. Comparison between individual clinics or between an individual clinic and the statewide findings should be treated with caution, for several reasons: 1) findings regarding outcomes at an individual clinic may be based on a small number of cases; 2) there may be significant differences in patient characteristics among clinics; and 3) there may be differences in policies among clinics that could affect outcomes.

Summary

Data compiled and analyzed for this management report demonstrate conclusively that:

- Opiate substitution treatment contributes to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs; and
- Opiate substitution treatment supports the Department of Social and Health Services' mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives.

Part 1

Supporting Tables/Charts/ Statewide Analyses

Part 1

Supporting Tables/Charts/Statewide Analysis

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▪ Publicly funded patients	Chart A-1	31
▪ Private-pay patients	Chart A-2	32
□ B. Health Care Utilization Charts		
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□ Table 2: Intergroup Differences in Patient/Treatment Characteristics of Opiate Users	Table 2	78

All charts, tables and analyses were developed by Brent Baxter, Ph.D., Alcohol and Drug Abuse Institute, University of Washington.

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 1 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
PATIENT CHARACTERISTICS (at admission)						
Age						
• Mean	39.5	38.9	38.1	39.7	39.7	38.5
• Median	41	39.5	40	41	41	39
• Range	15-69	18-63	19-69	15-64	18-53	19-63
Gender						
• Male	291 (49%)	241 (67%)	88 (46%)	203 (50%)	70 (70%)	171 (65%)
• Female	309 (52%)	121 (33%)	103 (54%)	206 (50%)	30 (30%)	91 (35%)
Patient with Children Under Age 18 Living in Patient's Home ¹						
• Yes	109 (18%)	56 (15%)	38 (20%)	71 (17%)	17 (17%)	39 (15%)
• No	491 (82%)	306 (85%)	153 (80%)	338 (83%)	83 (83%)	223 (85%)
Patient with Children Under Age 18 ²						
• Yes	240 (40%)	144 (40%)	78 (41%)	162 (40%)	41 (41%)	103 (39%)
• No	360 (60%)	218 (60%)	113 (59%)	247 (60%)	59 (59%)	159 (61%)
¹ Patient's children or other's children living in patient's home.						
² Patient's children living in patient's home or elsewhere or other's children living in patient's home						

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 2 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
PATIENT CHARACTERISTICS (continued)						
Race/Ethnicity						
• White (and not Span./Hisp. ethnicity)	405 (68%)	298 (82%)	141 (74%)	264 (65%)	85 (85%)	213 (81%)
• Black/African-American	114 (19%)	28 (8%)	27 (14%)	87 (21%)	3 (3%)	25 (10%)
• Native American/Alaskan Native						
• Native American	29 (5%)	18 (5%)	5 (3%)	24 (6%)	8 (8%)	10 (4%)
• Eskimo/Alaskan Native	1 (0%)	---	---	1 (0%)	---	---
• Spanish/Hispanic						
• Mexican/Mex. Amer./Chicano	13 (2%)	5 (1%)	4 (2%)	9 (2%)	---	5 (2%)
• Cuban	2 (0%)	1 (0%)	---	2 (0%)	---	1 (0%)
• Puerto Rican	1 (0%)	---	1 (0%)	---	---	---
• Other Spanish/Hispanic/Latino ethnicity (unspecified)	15 (3%)	5 (1%)	4 (2%)	11 (3%)	1 (1%)	4 (2%)
• Asian/Pacific Islander						
• Laotian	5 (1%)	---	3 (2%)	2 (0%)	---	---
• Chinese	1 (0%)	1 (0%)	1 (1%)	---	---	1 (0%)
• Filipino	1 (0%)	1 (0%)	---	1 (0%)	1 (1%)	---
• Cambodian	1 (0%)	---	---	1 (0%)	---	---
• Hawaiian	1 (0%)	---	1 (1%)	---	---	---
• Vietnamese	1 (0%)	---	---	1 (0%)	---	---
• Other Asian/Pacific Islander (unspecified)	1 (0%)	1 (0%)	1 (1%)	---	1 (1%)	---
• Other race (unspecified)	9 (2%)	3 (1%)	3 (2%)	6 (1%)	1 (1%)	2 (1%)
• Refused to answer	---	1 (0%)	---	---	---	1 (0%)

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 3 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
ABUSED SUBSTANCES (at admission)						
Primary Substance						
• Heroin	571 (95%)	329 (91%)	177 (93%)	394 (96%)	87 (87%)	242 (92%)
• Opiates/synthetics other than heroin/opiate substitute	13 (2%)	21 (6%)	5 (3%)	8 (2%)	8 (8%)	13 (5%)
• Prescribed opiate substitute	6 (1%)	8 (2%)	2 (1%)	4 (1%)	4 (4%)	4 (2%)
• Cocaine	6 (1%)	---	6 (3%)	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	1 (0%)	---	3 (1%)
• Alcohol	2 (0%)	1 (0%)	1 (1%)	1 (0%)	1 (1%)	---
• Marijuana	1 (0%)	---	---	1 (0%)	---	---

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 4 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
ABUSED SUBSTANCES (continued)						
Secondary Substance						
• Cocaine	337 (56%)	124 (34%)	82 (43%)	255 (62%)	21 (21%)	103 (39%)
• Alcohol	89 (15%)	65 (18%)	34 (18%)	55 (13%)	17 (17%)	48 (18%)
• Tobacco	56 (9%)	46 (13%)	28 (15%)	28 (7%)	17 (17%)	29 (11%)
• Opiates/synthetics other than heroin/ opiate substitute	24 (4%)	37 (10%)	8 (4%)	16 (4%)	15 (15%)	22 (8%)
• Marijuana	27 (5%)	30 (8%)	11 (6%)	16 (4%)	4 (4%)	26 (10%)
• Benzodiazepines/barbiturates/ sedatives	25 (4%)	11 (3%)	8 (4%)	17 (4%)	5 (5%)	6 (2%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	10 (3%)	7 (4%)	11 (3%)	1 (1%)	9 (3%)
• Heroin	11 (2%)	12 (3%)	6 (3%)	5 (1%)	4 (4%)	8 (3%)
• Prescribed opiate substitute	3 (1%)	12 (3%)	2 (1%)	1 (0%)	10 (10%)	2 (1%)
• Non-prescribed opiate substitute	1 (0%)	6 (2%)	1 (1%)	---	2 (2%)	4 (2%)
• Hallucinogens	1 (0%)	---	---	1 (0%)	---	---
• Other (unspecified)	---	1 (0%)	---	---	---	1 (0%)
• Substance unknown	1 (0%)	---	1 (1%)	---	---	---
• None	7 (1%)	8 (2%)	3 (2%)	4 (1%)	4 (4%)	4 (2%)

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 5 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
ABUSED SUBSTANCES (continued)						
Tertiary Substance						
• Tobacco	231 (39%)	113 (31%)	66 (35%)	165 (40%)	26 (26%)	87 (33%)
• Alcohol	128 (21%)	59 (16%)	38 (20%)	90 (22%)	13 (13%)	46 (18%)
• Cocaine	68 (11%)	39 (11%)	28 (15%)	40 (10%)	8 (8%)	31 (12%)
• Marijuana	37 (6%)	31 (9%)	9 (15%)	28 (7%)	8 (8%)	23 (9%)
• Benzodiazepines/ barbiturates/sedatives	28 (5%)	16 (4%)	6 (3%)	22 (5%)	6 (6%)	10 (4%)
• Opiates/synthetics other than heroin/ opiate substitute	13 (2%)	23 (6%)	6 (3%)	7 (2%)	6 (6%)	17 (6%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	12 (3%)	3 (2%)	15 (4%)	2 (2%)	10 (4%)
• Prescribed opiate substitute	7 (1%)	7 (2%)	3 (2%)	4 (1%)	3 (3%)	4 (2%)
• Heroin	2 (0%)	2 (1%)	1 (1%)	1 (0%)	1 (1%)	1 (0%)
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	1 (0%)	1 (1%)	2 (1%)
• Hallucinogens	2 (0%)	---	2 (1%)	---	---	---
• Over the Counter	---	1 (0%)	---	---	---	1 (0%)
• Other (unspecified)	4 (1%)	---	4 (2%)	---	---	---
• Substance unknown	1 (0%)	1 (0%)	1 (1%)	---	---	1 (0%)
• None	60 (10%)	55 (15%)	24 (13%)	36 (9%)	26 (26%)	29 (11%)

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)						Page 6 of 7
	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
SUBSTANCE ABUSE (Heroin Users Only³)	(n=574)	(n=333)	(n=177)	(n=397)	(n=89)	(n=244)
Age at First Heroin Use (in years)						
• Mean	23.5	23.6	23.7	23.4	23	23.9
• Median	21	22	22	21	20	22
• Range	10-53	12-51	12-53	10-52	13-41	12-51
	(n=571)	(n=329)	(n=177)	(n=394)	(n=87)	(n=242)
Frequency of Heroin Use at Admission						
• Daily	458 (80%)	296 (89%)	133 (75%)	325 (82%)	73 (82%)	223 (91%)
• 3-6 times per week	10 (2%)	3 (1%)	4 (2%)	6 (2%)	1 (1%)	2 (1%)
• 1-2 times per week	9 (2%)	4 (1%)	3 (2%)	6 (2%)	2 (2%)	2 (1%)
• 1-3 times in past month	35 (6%)	5 (2%)	14 (8%)	21 (5%)	3 (3%)	2 (1%)
• No use in past month	46 (8%)	23 (7%)	18 (10%)	28 (7%)	10 (11%)	13 (5%)
• Unknown	16 (3%)	2 (1%)	5 (3%)	11 (3%)	---	2 (1%)
³ Heroin users were defined as patients who reported (a) heroin as their primary substance of abuse at treatment admission or (b) prescription methadone as primary substance and heroin as secondary substance at admission.						

Table 1. Distribution of Patient/Treatment Characteristics (by Funding Source and Length of Treatment)

Page 7 of 7

	All Patients		Publicly Funded Patients		Private-Pay Patients	
	Publicly Funded Patients	Private-Pay Patients	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year	Patients in Treatment for One Year or Longer	Patients in Treatment for Less than One Year
Number of Cases	600	362	191	409	100	262
TREATMENT CHARACTERISTICS						
Funding Source						
• Public only	550 (92%)	---	160 (84%)	390 (95%)	---	---
• Mixed (public/private)	50 (8%)	---	31 (16%)	19 (5%)	---	---
• Private only	---	362 (100%)	---	---	100 (100%)	262 (100%)
Length of Treatment (Days ⁴)						
• Mean	436.1 (14.3)	375.8 (12.3)	1,021.4 (33.6)	162.8 (5.3)	1,006.6 (33.1)	135.1 (4.4)
• Median	223 (7.3)	178 (5.8)	680 (22.3)	159 (5.2)	674 (22.1)	124 (4.1)
• Range	1-5,259 (0.0-172.8)	1-5,413 (0.0-177.8)	365-5,259 (12.0-172.8)	1-364 (0.0-12.0)	367-5,413 (12.1-177.8)	1-364 (0.0-12.0)
Distribution of Length of Treatment						
• 1-30 days	26 (4%)	28 (8%)	---	26 (6%)	---	28 (11%)
• 31-90 days	76 (13%)	66 (18%)	---	76 (19%)	---	66 (25%)
• 91-364 days	307 (51%)	168 (46%)	---	307 (75%)	---	168 (64%)
• 1 year to 3 years	139 (23%)	73 (20%)	139 (73%)	---	73 (73%)	---
• Over 3 years	52 (9%)	27 (7%)	52 (27%)	---	27 (27%)	---
⁴ Corresponding number of months is noted in parentheses.						

A. Criminal Arrest Charts

Chart A-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Publicly Funded Patients – Jan.-Sept. 2001

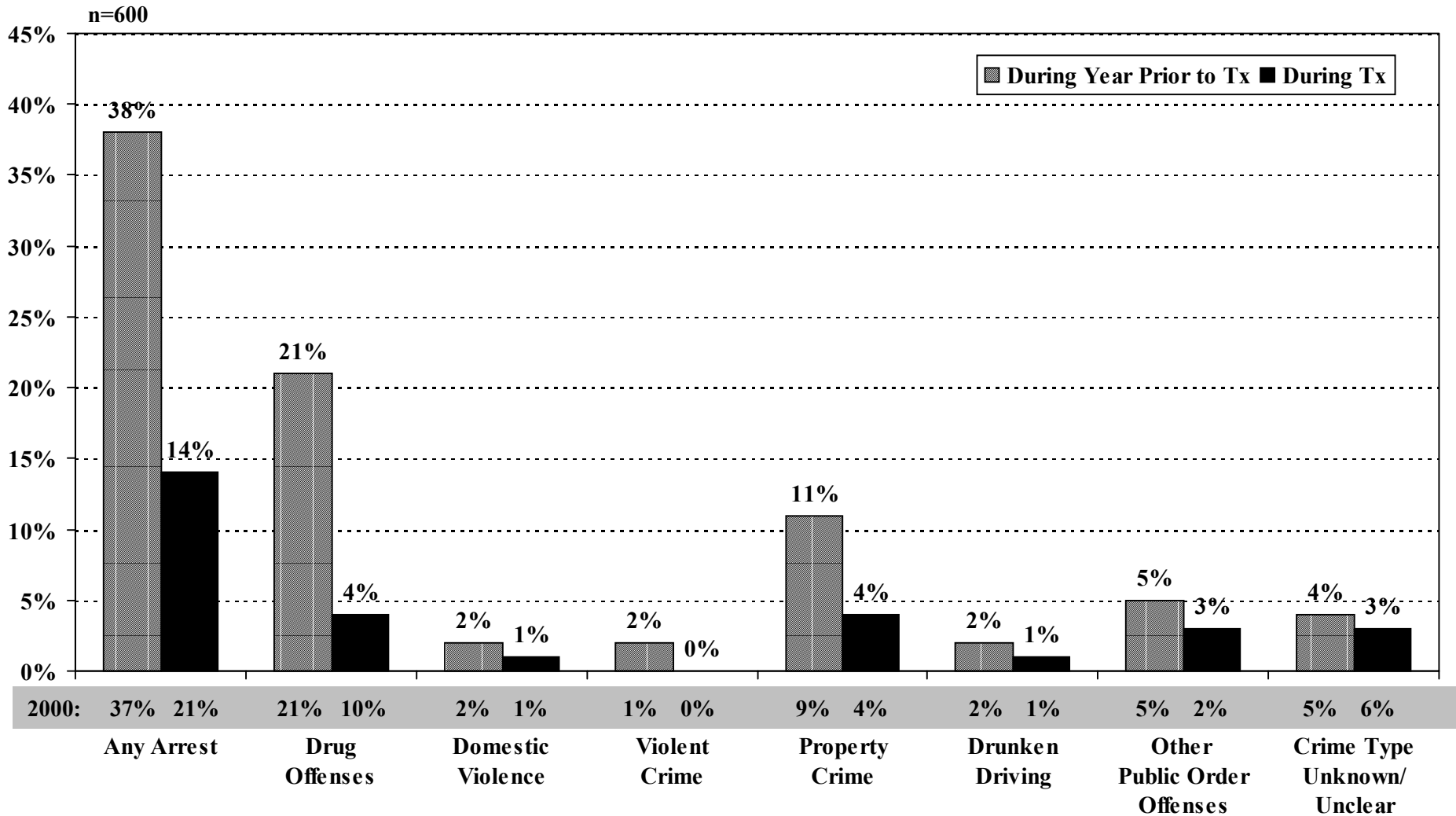
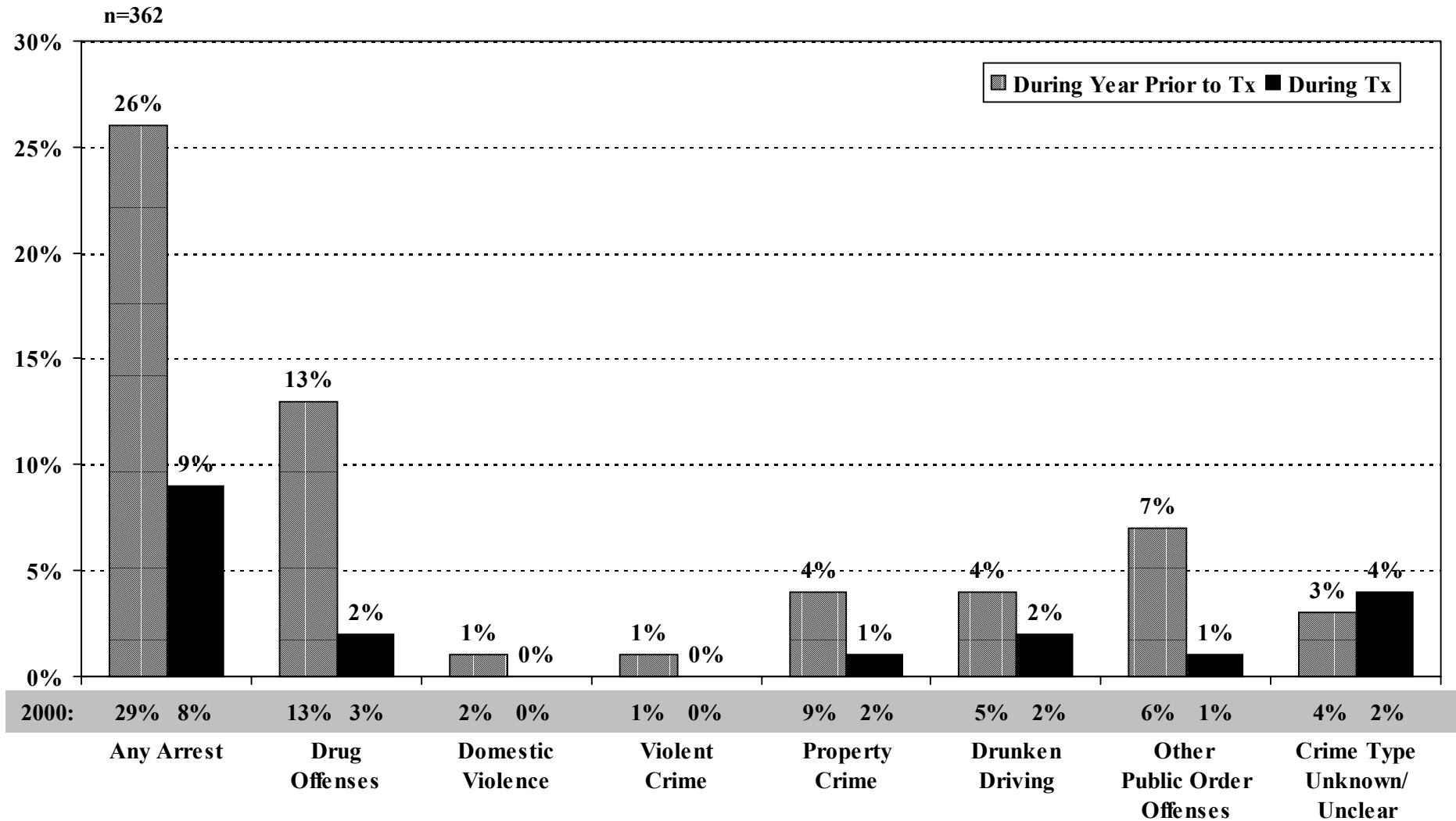


Chart A-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Private-Pay Patients – Jan.-Sept. 2001



B. Health Care Utilization Charts

Chart B-1
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Publicly Funded Patients – Jan.-Sept. 2001

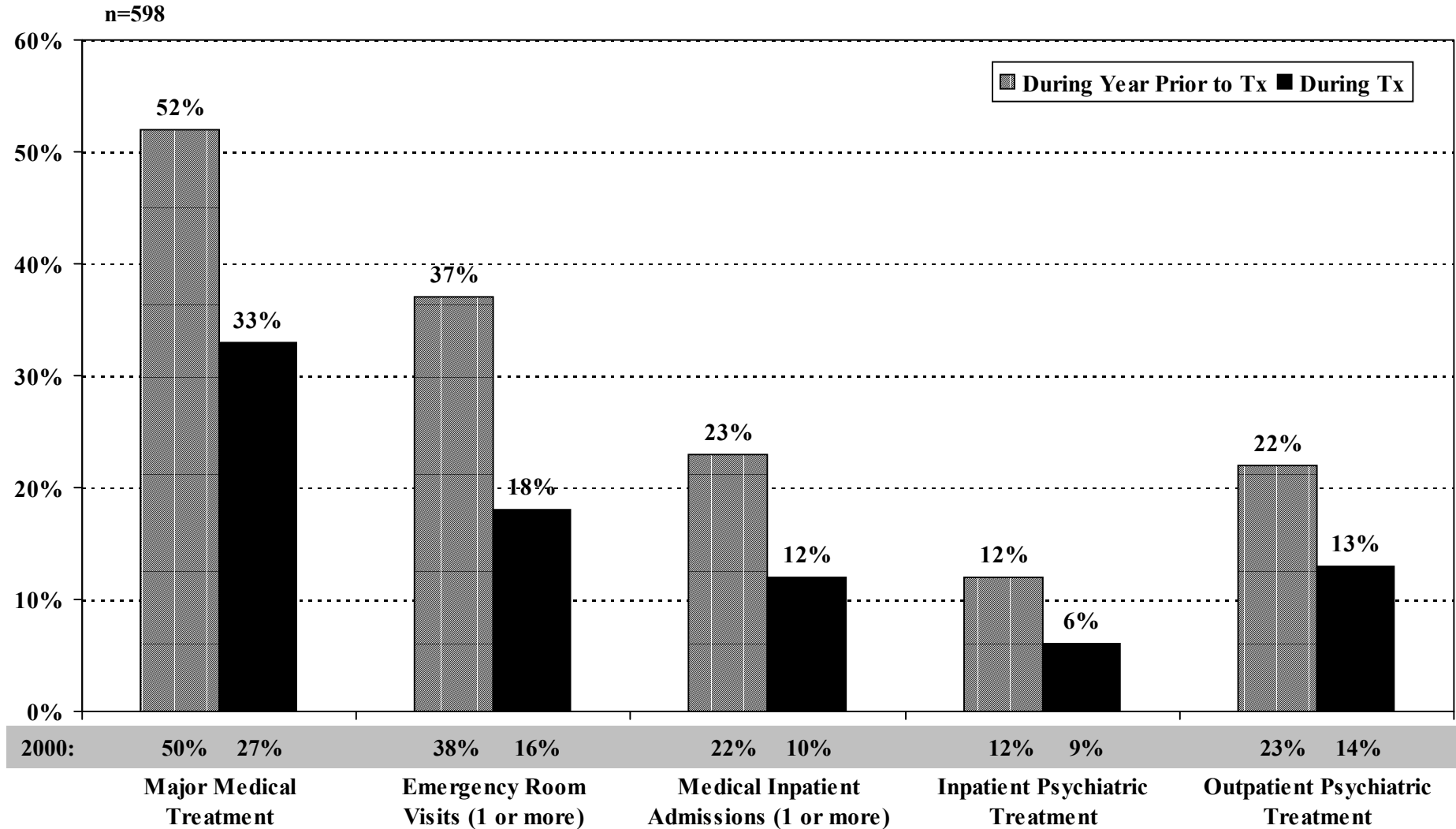


Chart B-2
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Private-Pay Patients – Jan.-Sept. 2001

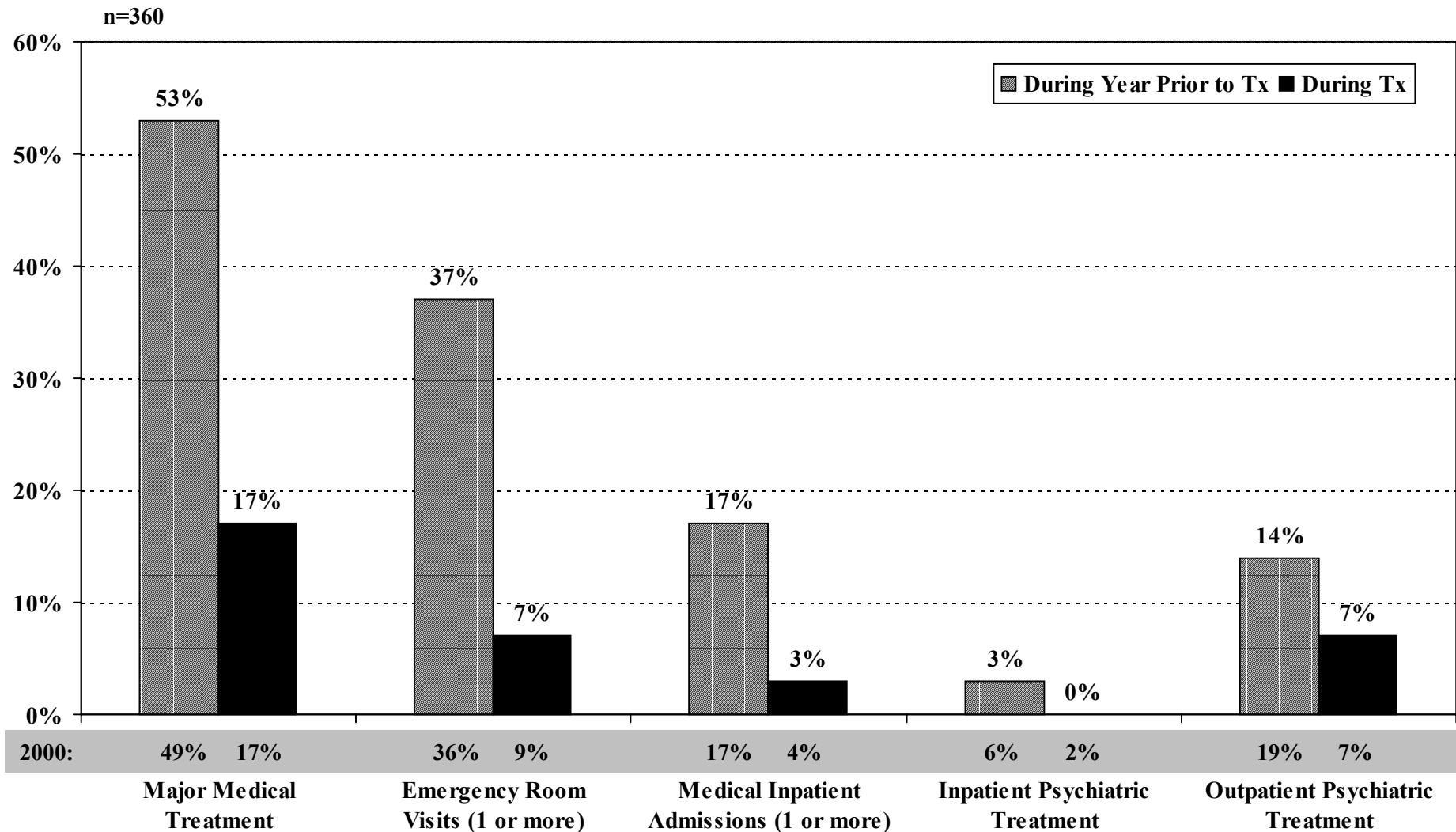


Chart B-3
Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Publicly Funded Patients – Jan.-Sept. 2001

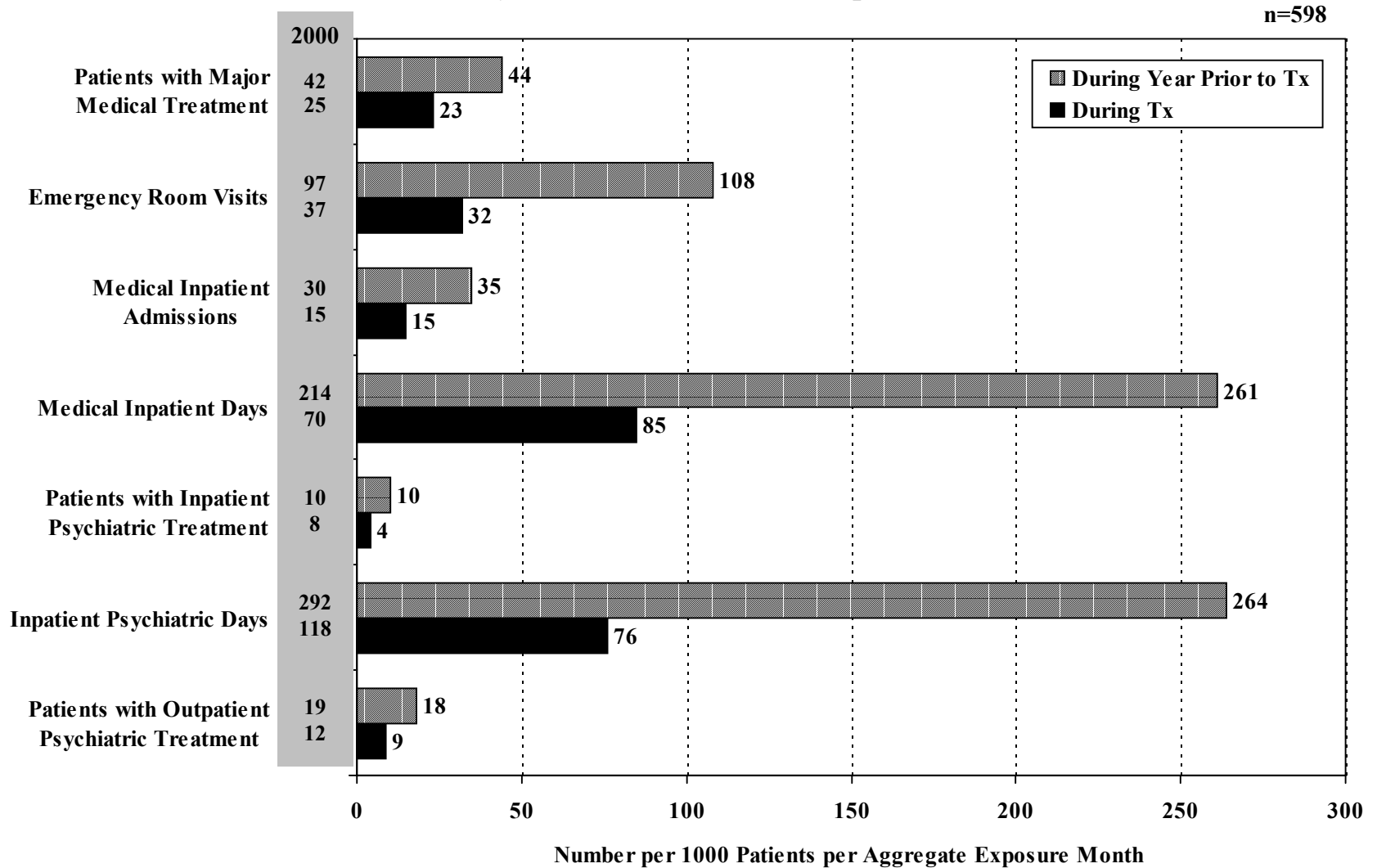
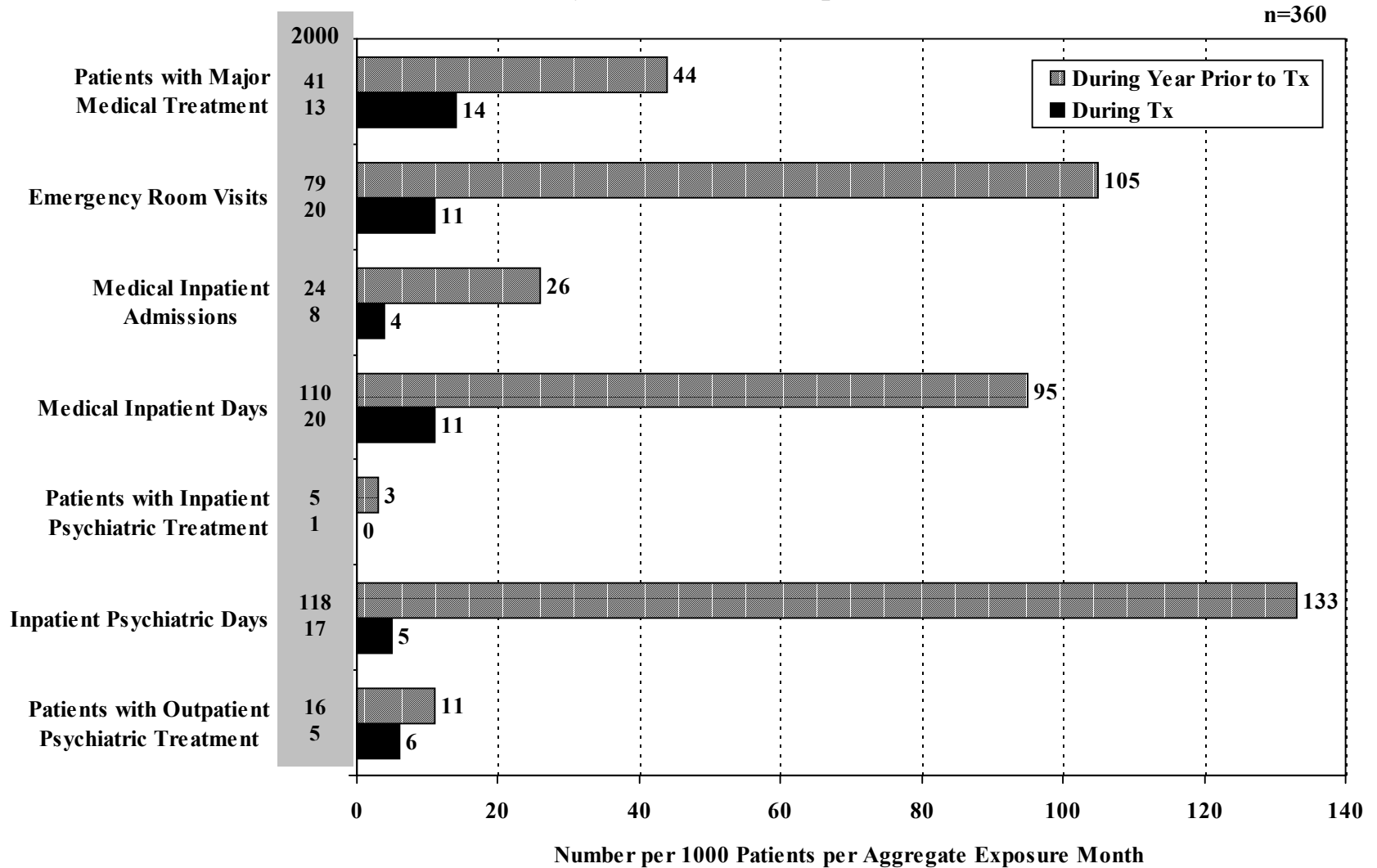


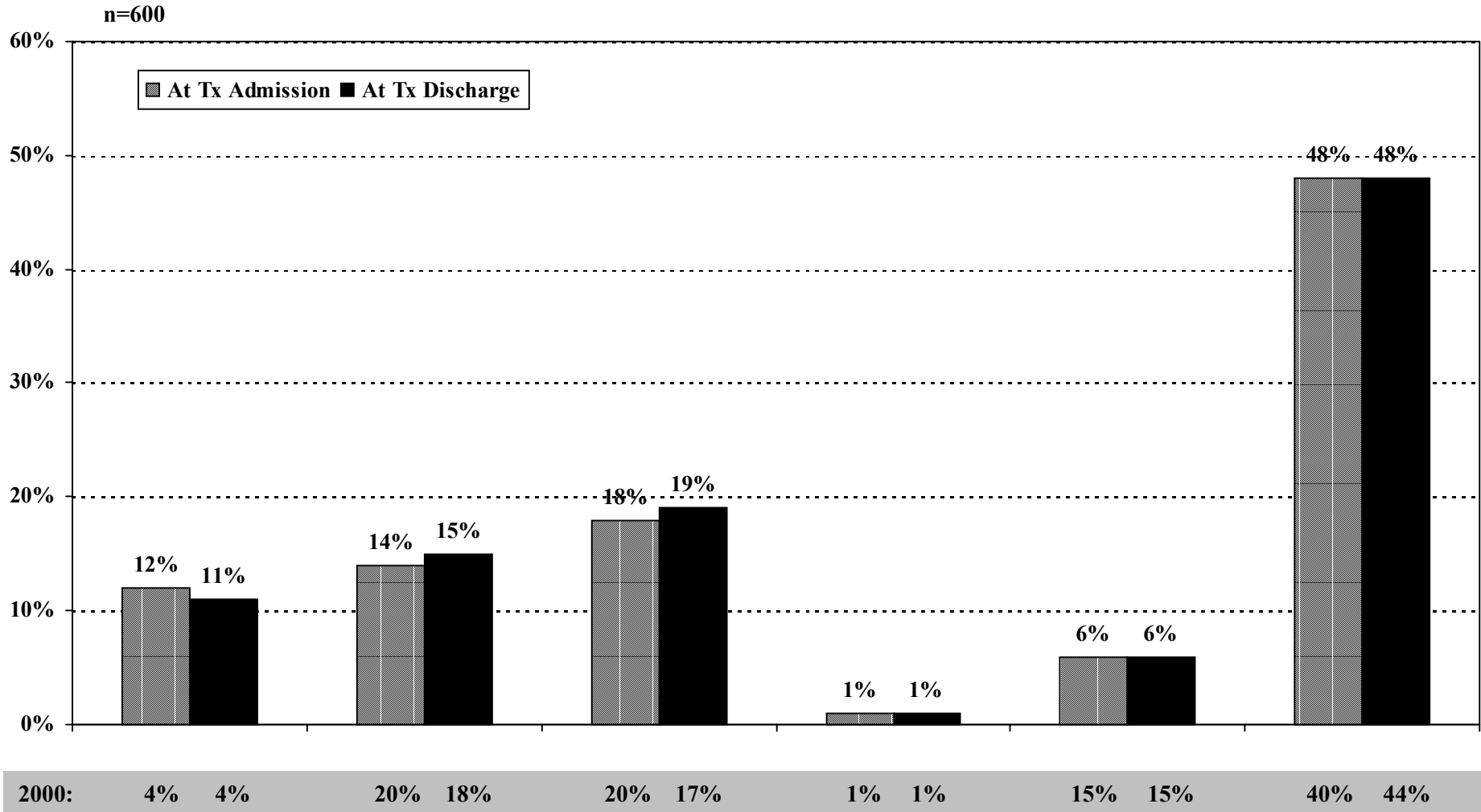
Chart B-4
Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Private-Pay Patients – Jan.-Sept. 2001



C.Public Assistance Charts

Chart C-1

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Publicly Funded Patients – Jan.-Sept. 2001**

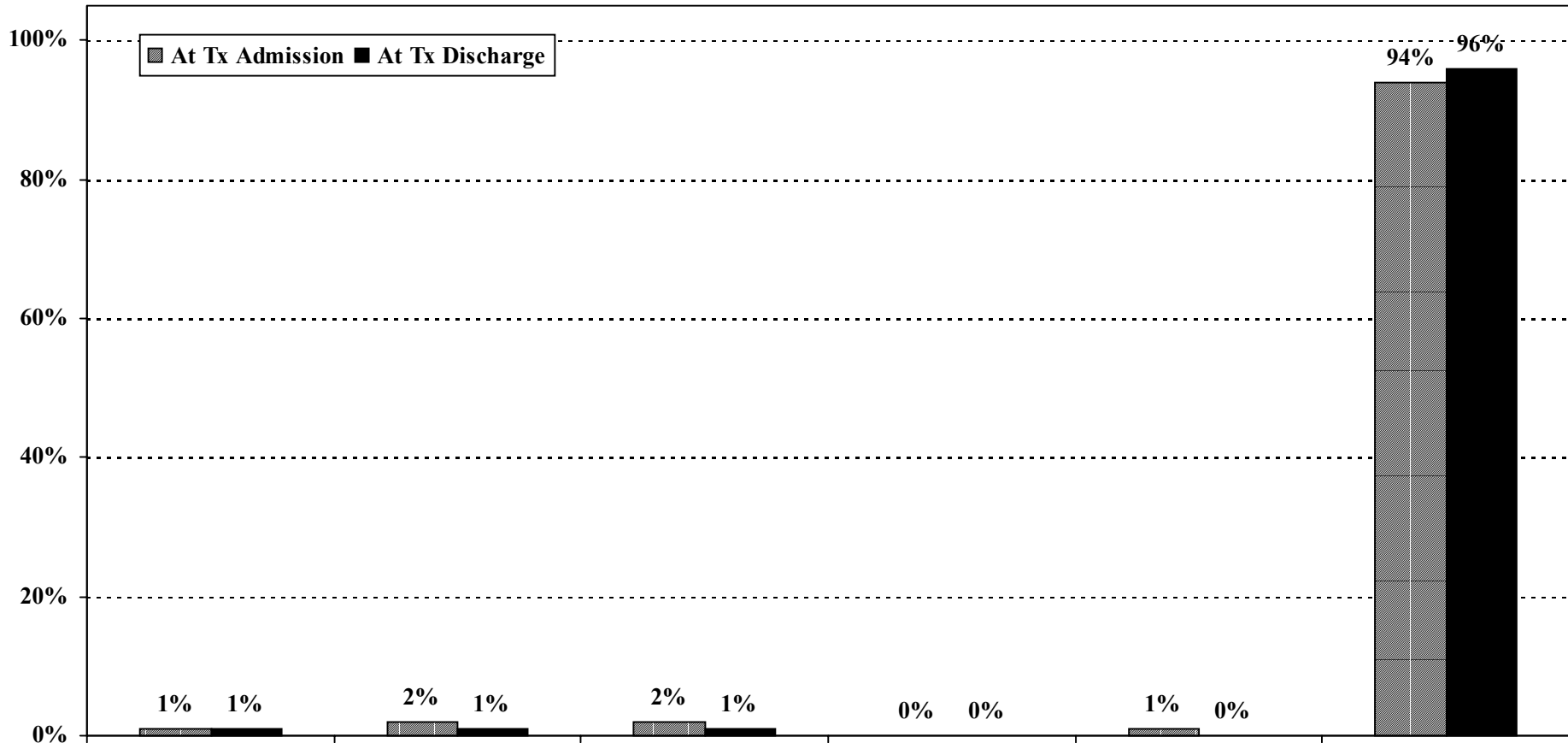


"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart C-2

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Private-Pay Patients – Jan.-Sept. 2001**

n=362



2000:	1%	0%	4%	2%	2%	2%	0%	0%	1%	1%	93%	94%
-------	----	----	----	----	----	----	----	----	----	----	-----	-----

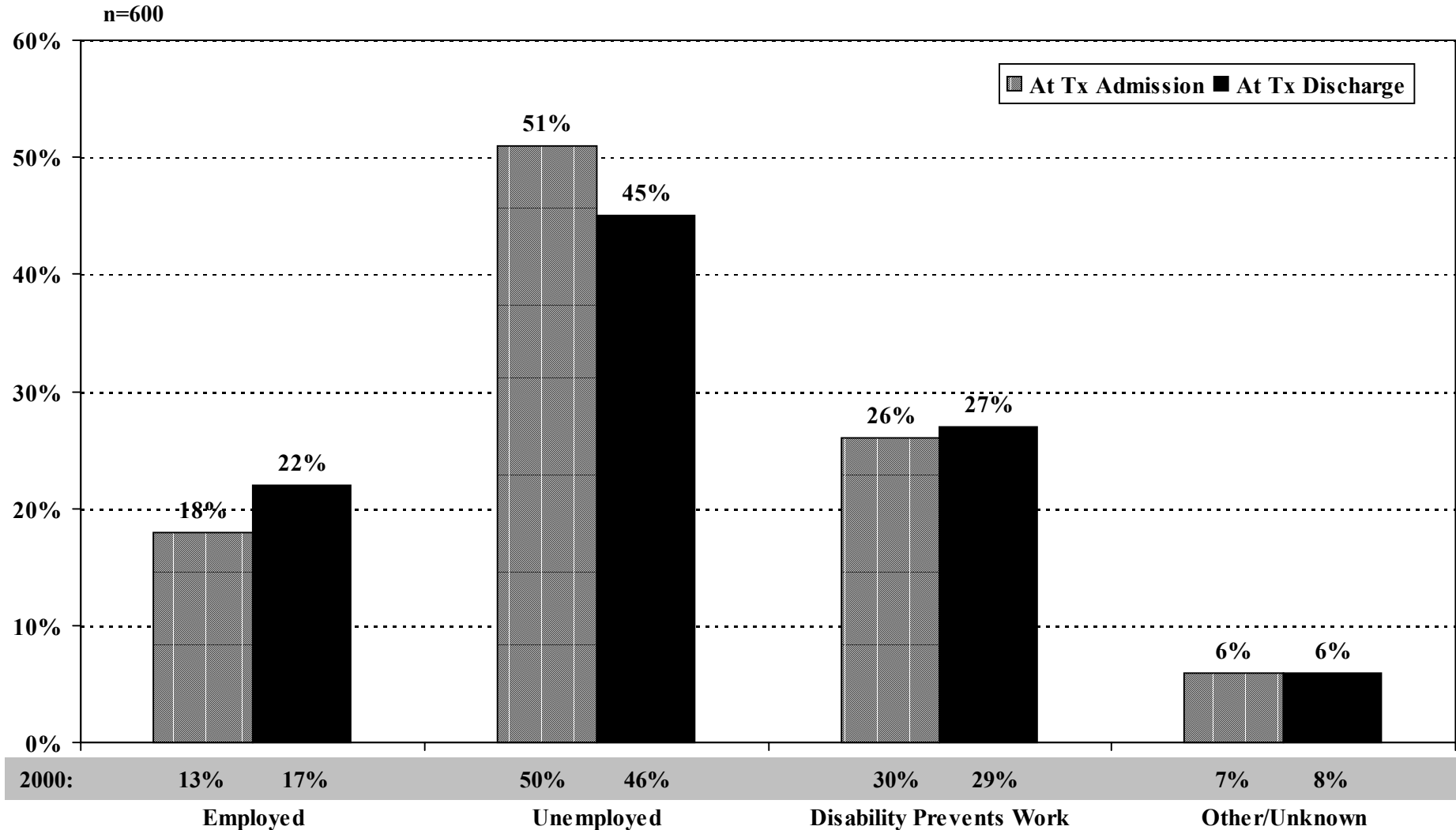
"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.

"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

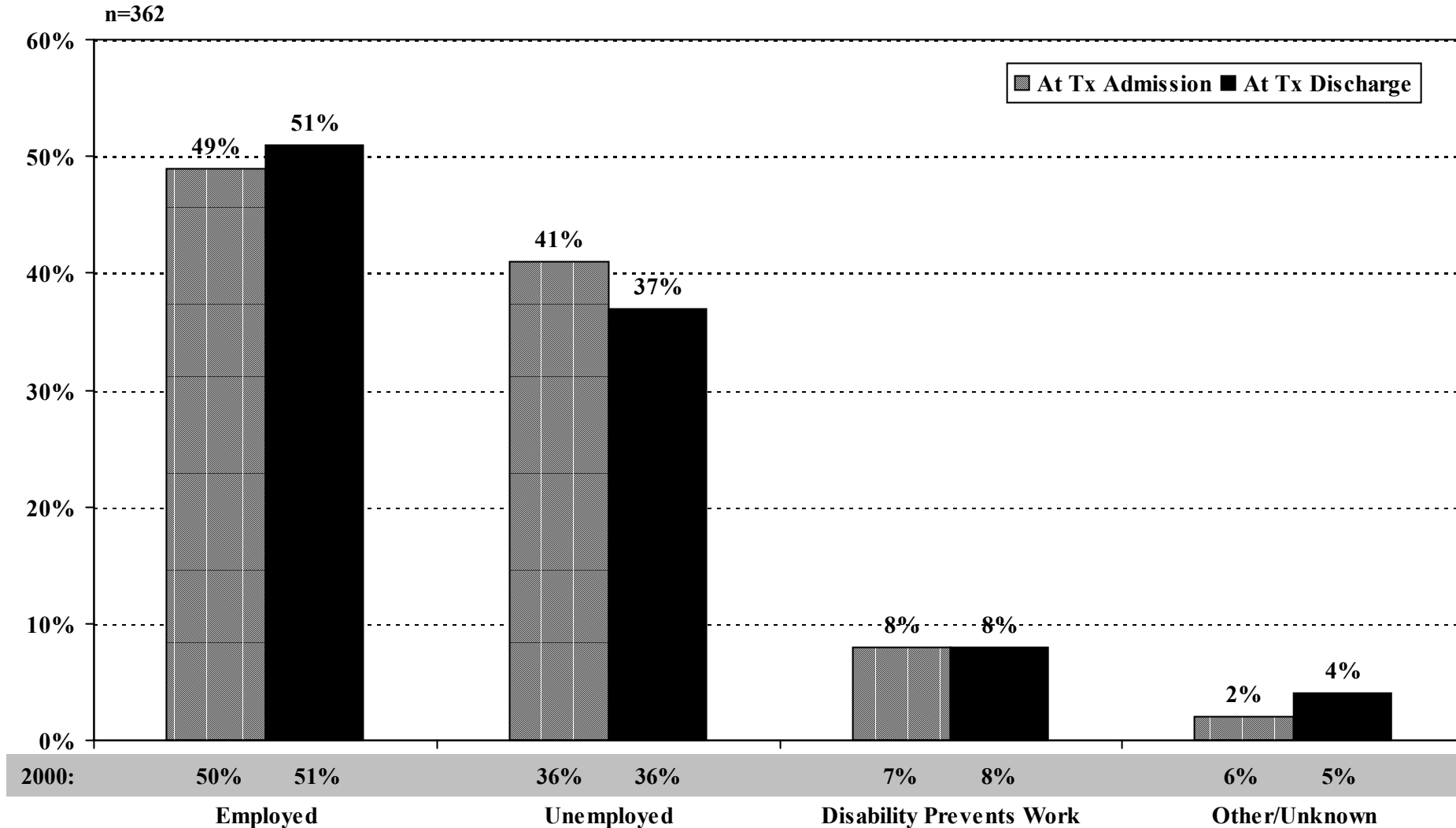
D. Employment Status Charts

Chart D-1
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.
 “Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart D-2
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

E. Heroin Use Charts

Chart E-1
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Publicly Funded Patients – Jan.-Sept. 2001

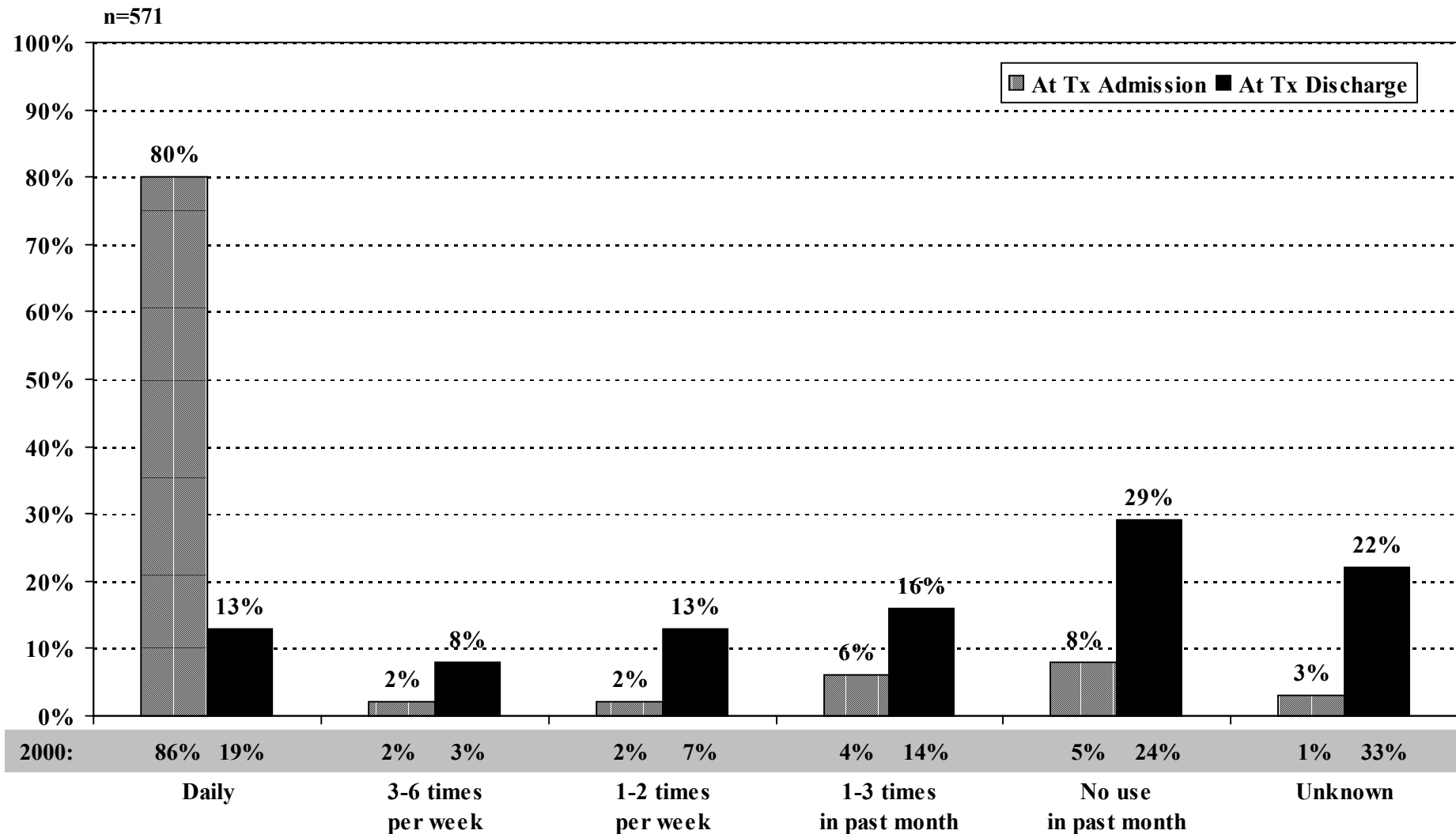


Chart E-2
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Private-Pay Patients – Jan.-Sept. 2001

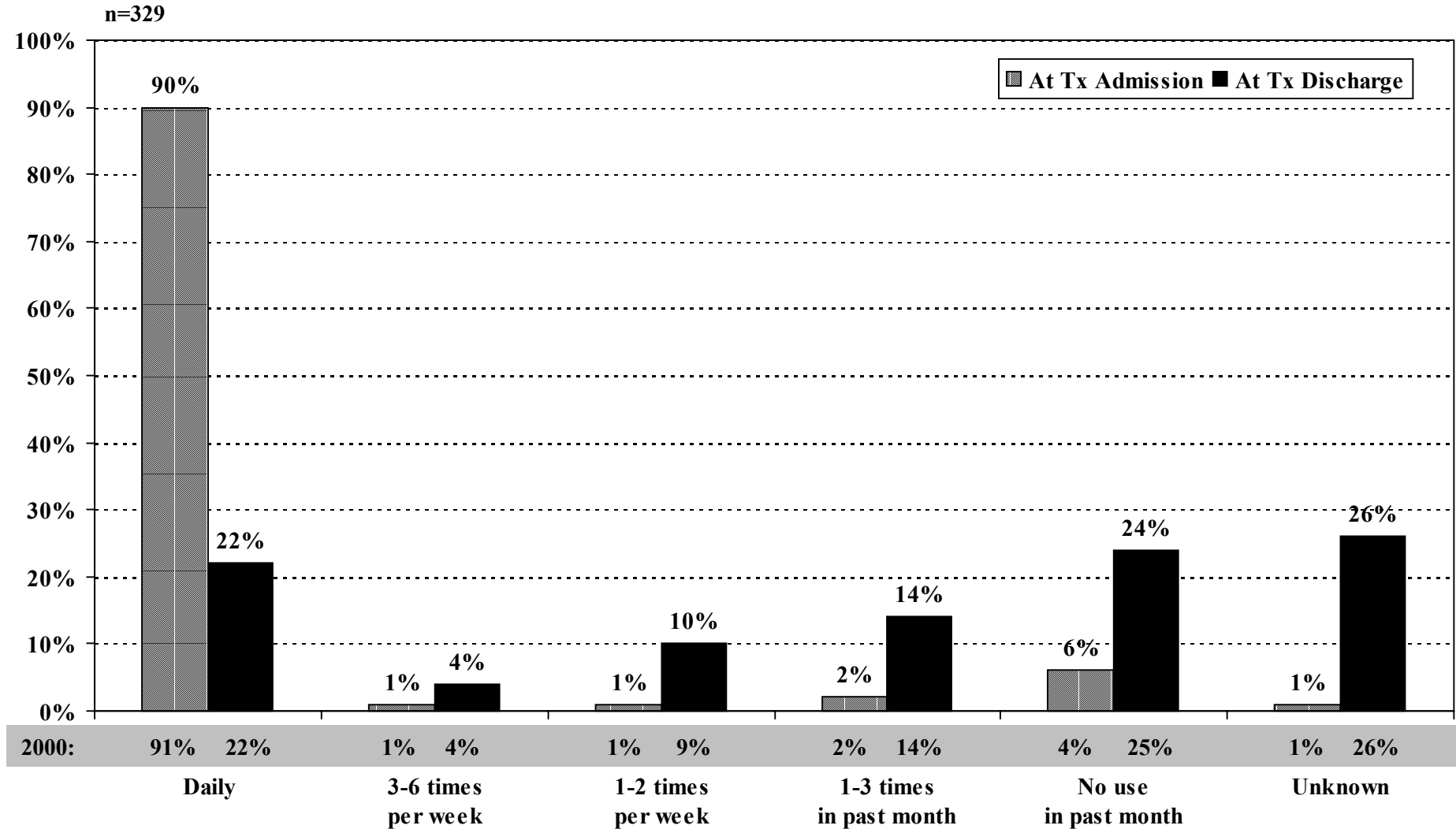


Chart E-3

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Publicly Funded Patients in Treatment for One Year or Longer – Jan.-Sept. 2001**

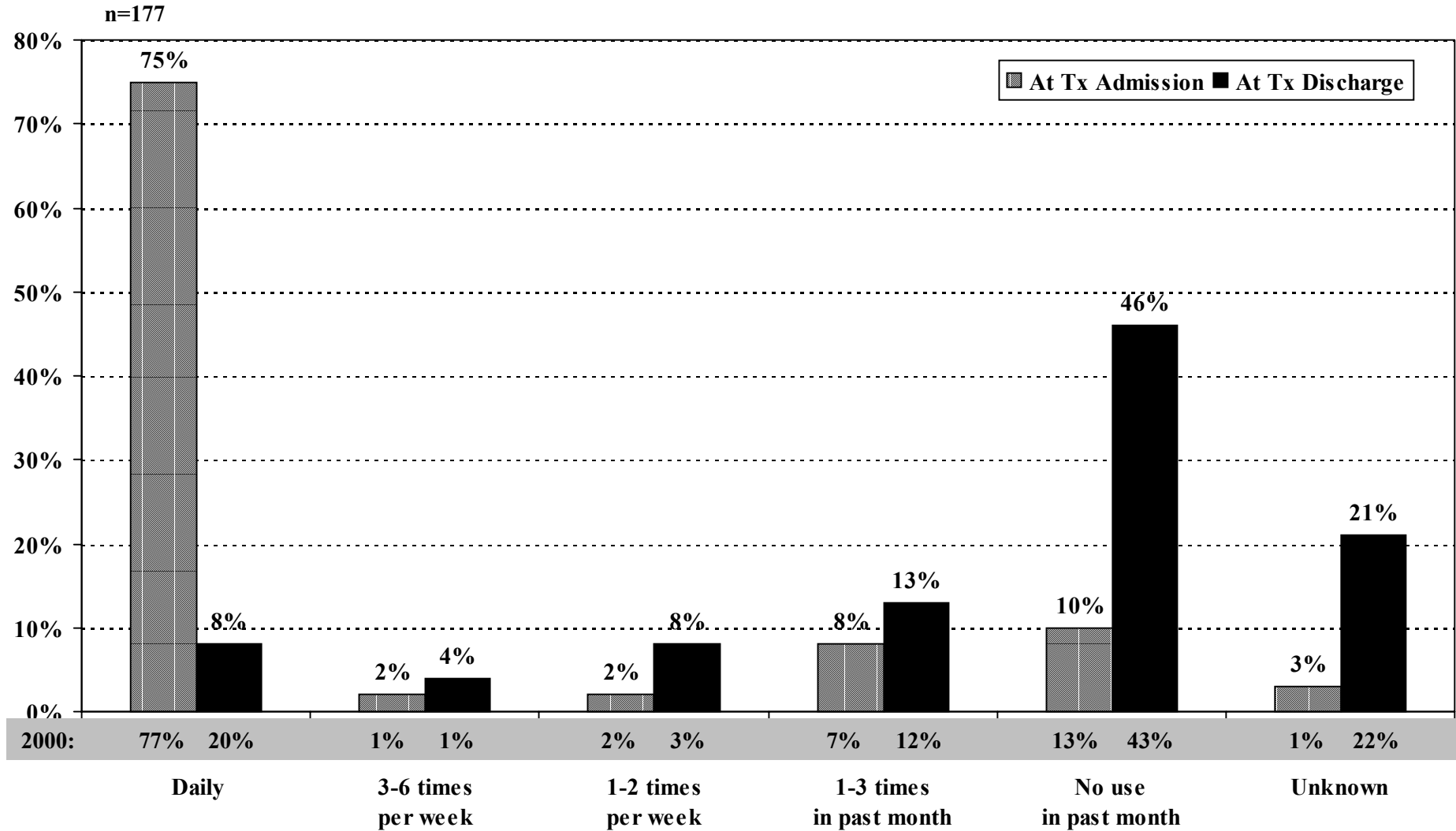


Chart E-4

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Publicly Funded Patients in Treatment for Less than One Year – Jan.-Sept. 2001**

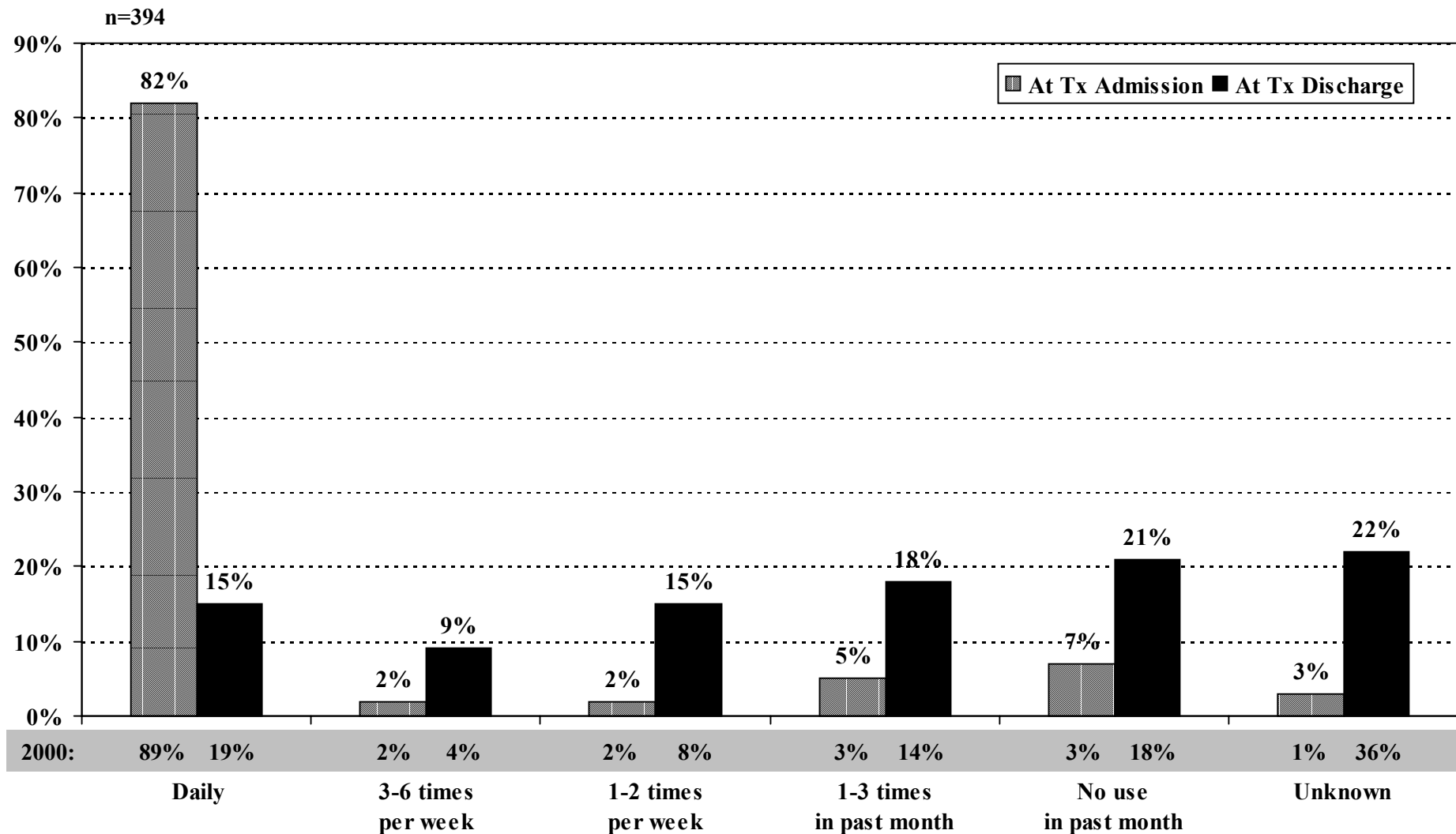


Chart E-5

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Private-Pay Patients in Treatment for One Year or Longer – Jan.-Sept. 2001**

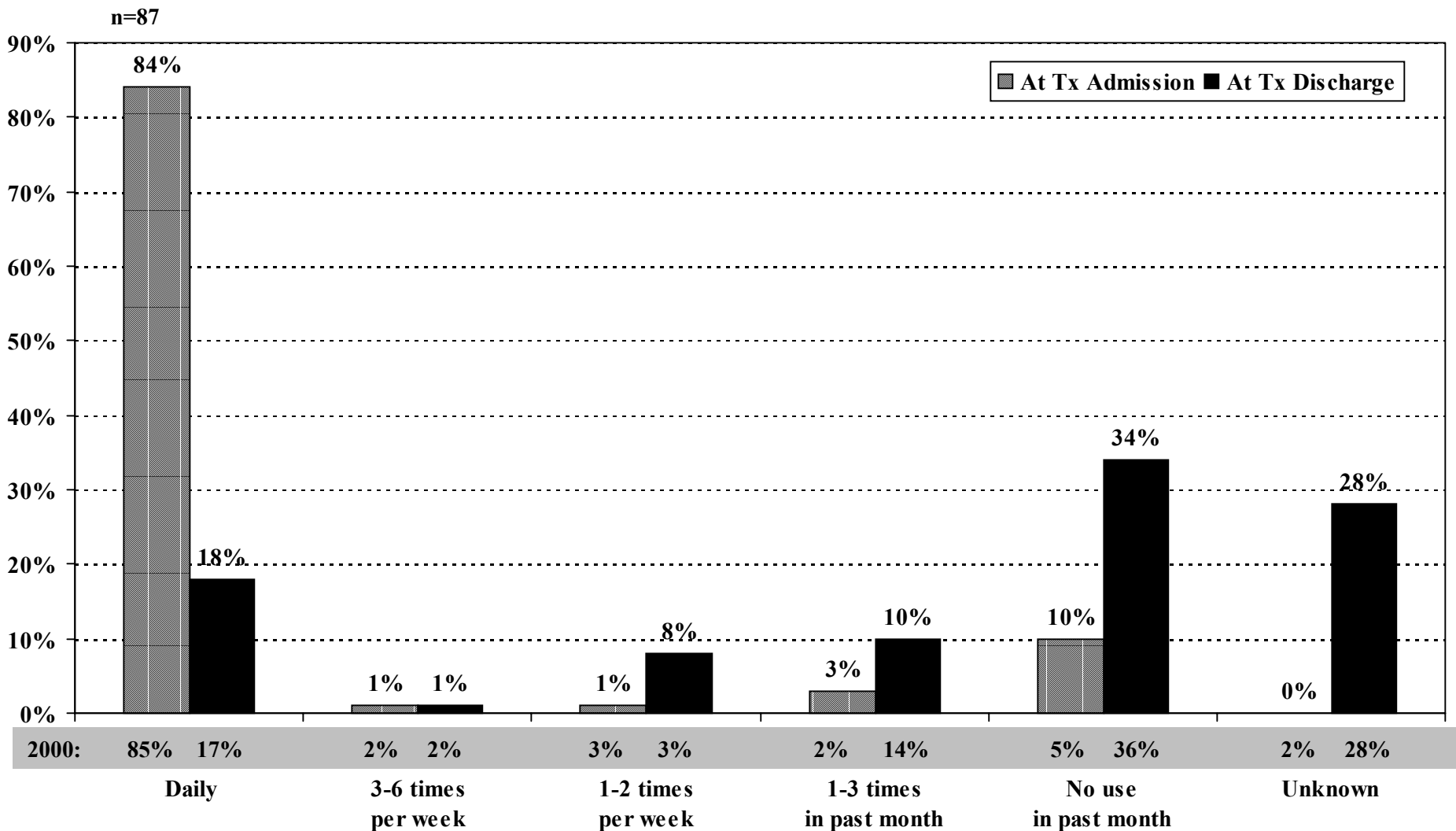
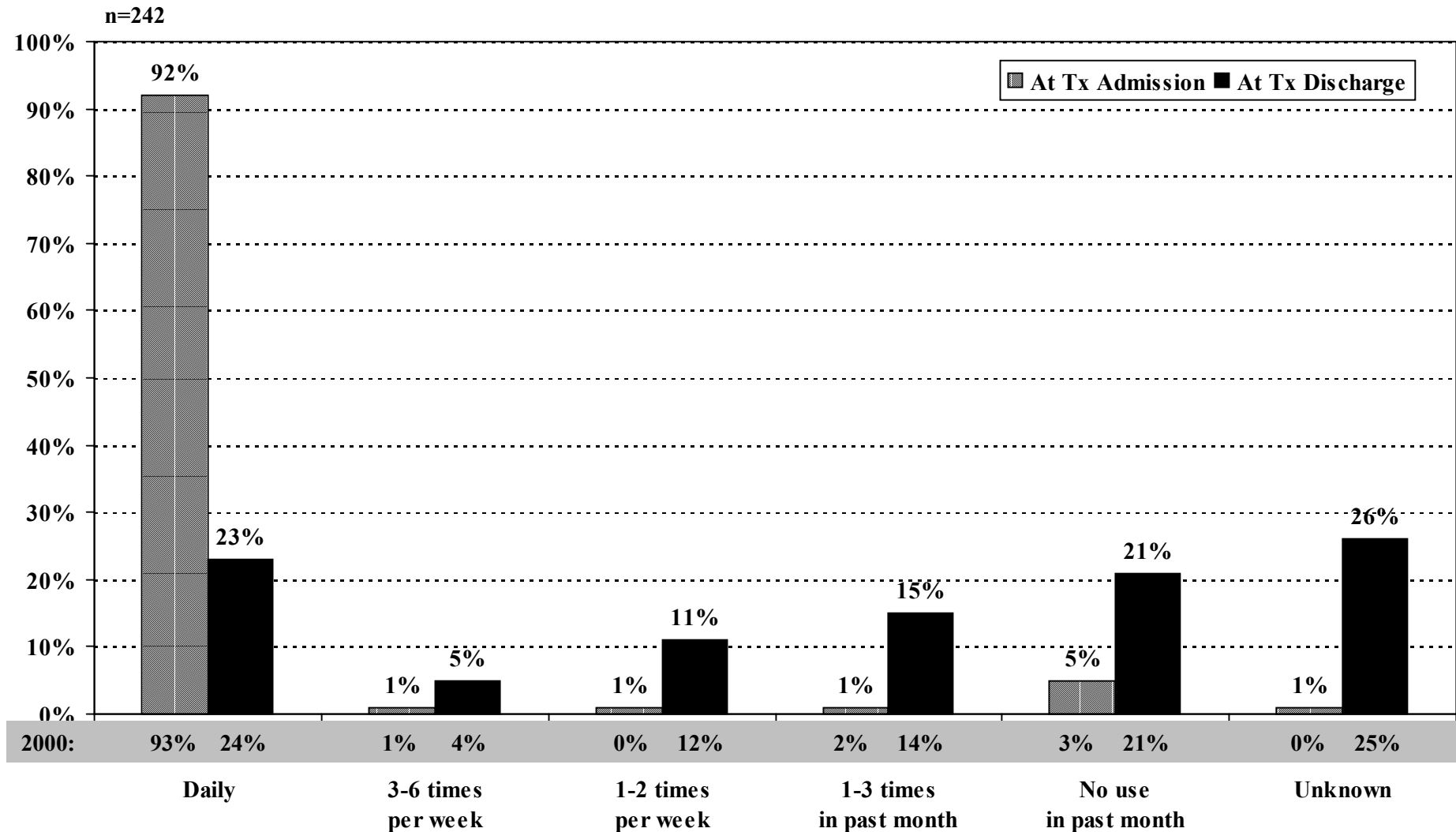


Chart E-6

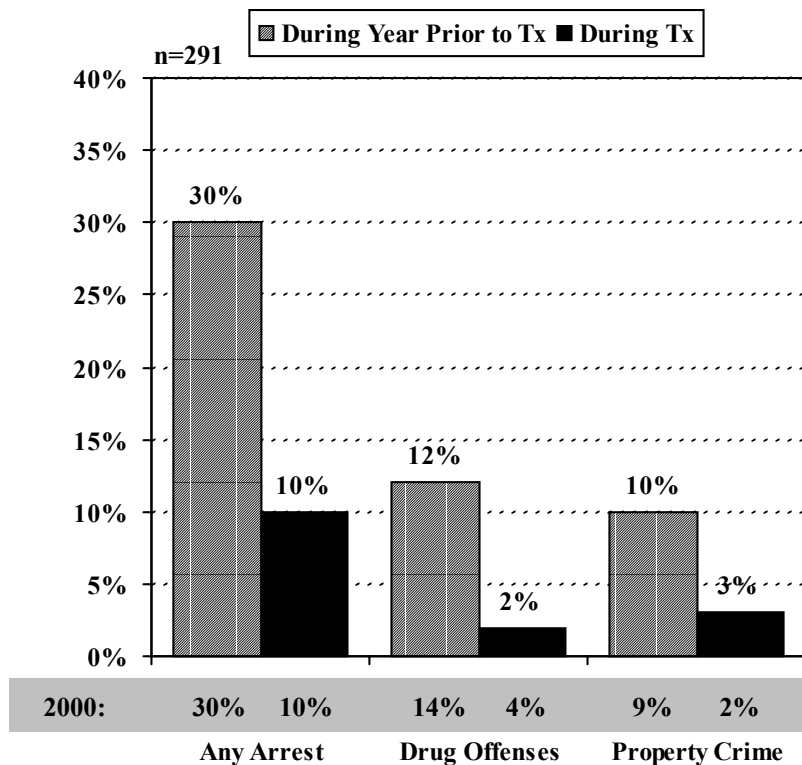
**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Private-Pay Patients in Treatment for Less than One Year – Jan.-Sept. 2001**



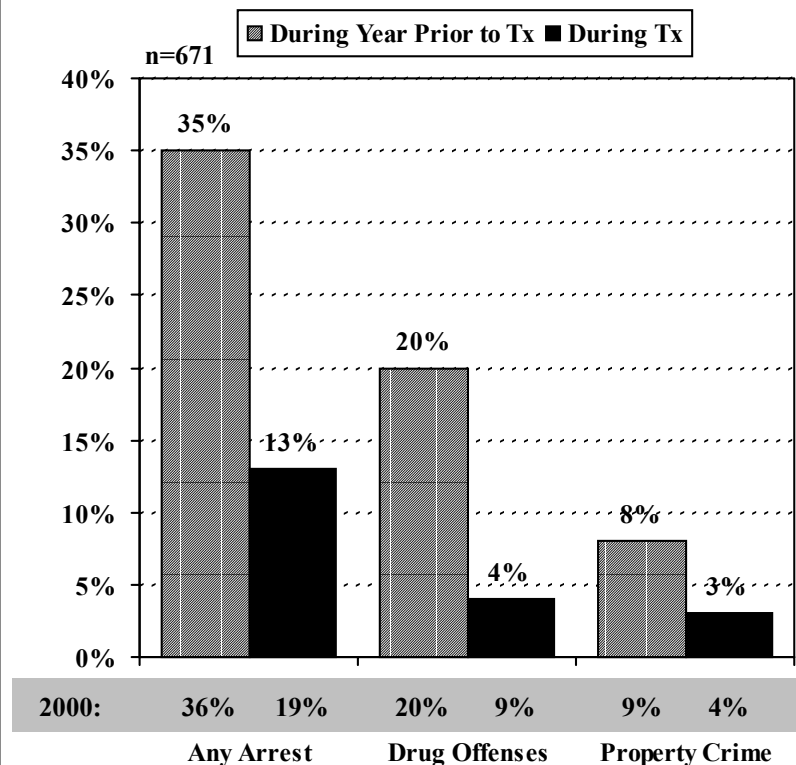
Supplementary Charts (By Length of Treatment)

Supplementary Chart A-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
All Patients, By Length of Treatment – Jan.-Sept. 2001

**Patients in Treatment
for One Year or Longer**

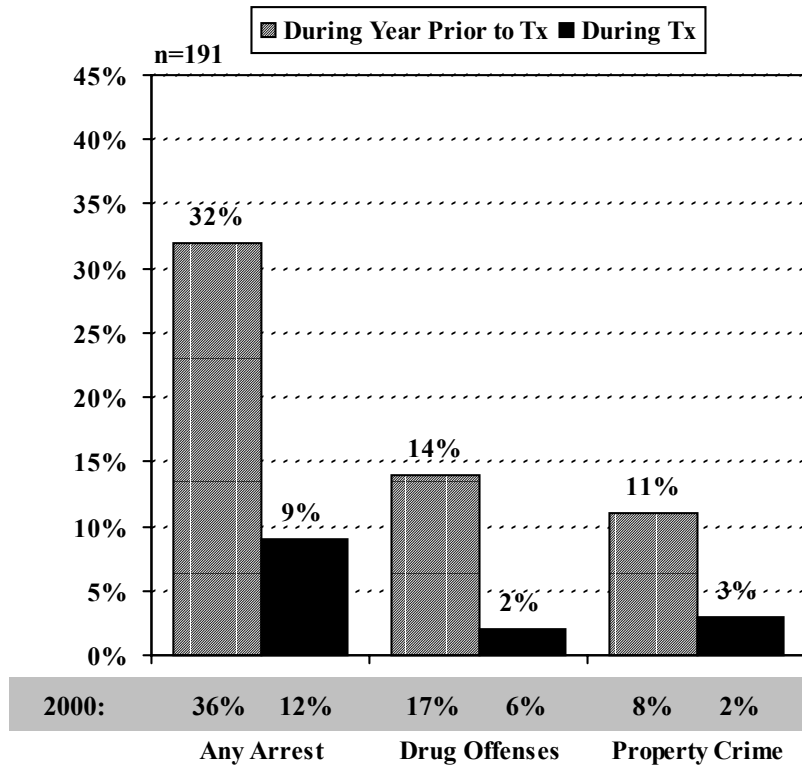


**Patients in Treatment
for Less Than One Year**

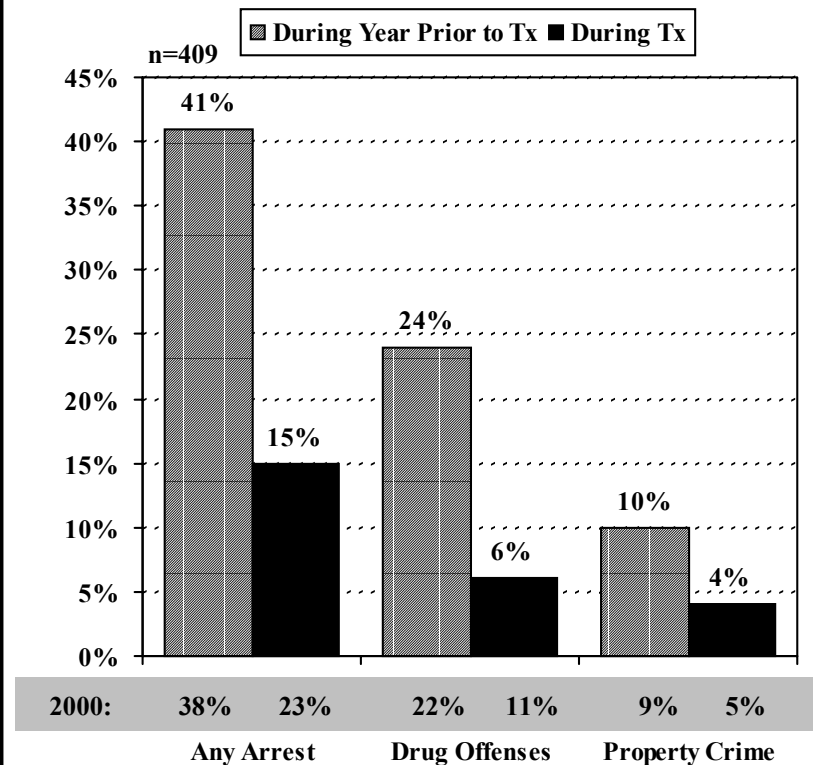


Supplementary Chart A-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Publicly Funded Patients, By Length of Treatment – Jan.-Sept. 2001

**Patients in Treatment
for One Year or Longer**

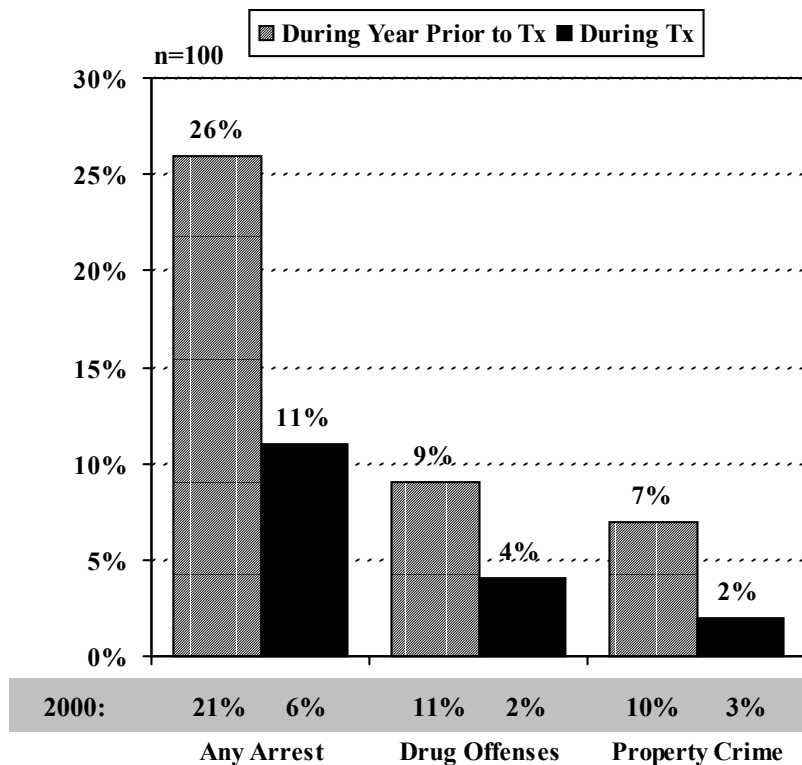


**Patients in Treatment
for Less Than One Year**

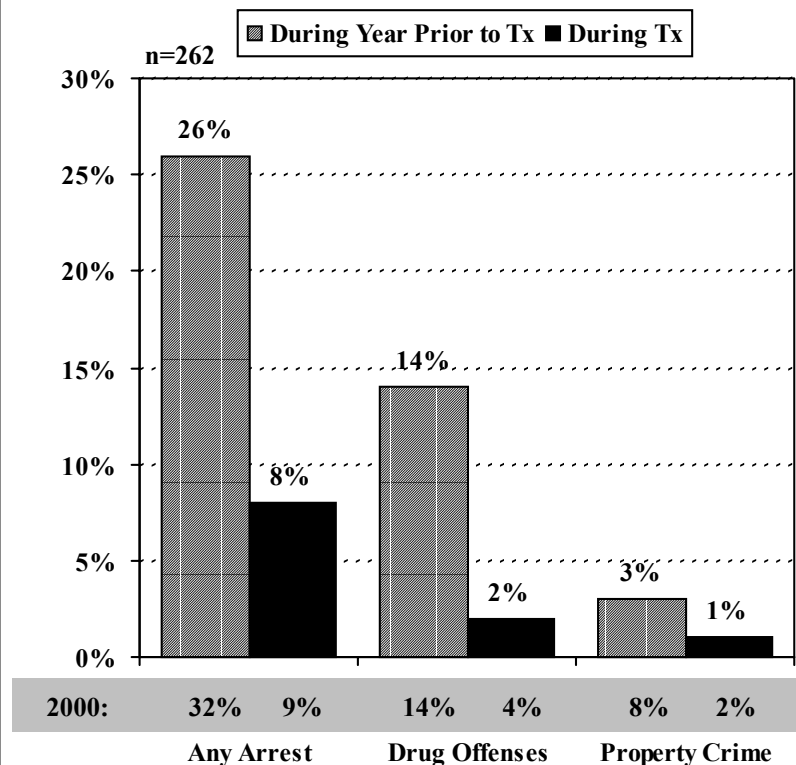


Supplementary Chart A-3
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Private-Pay Patients, By Length of Treatment – Jan.-Sept. 2001

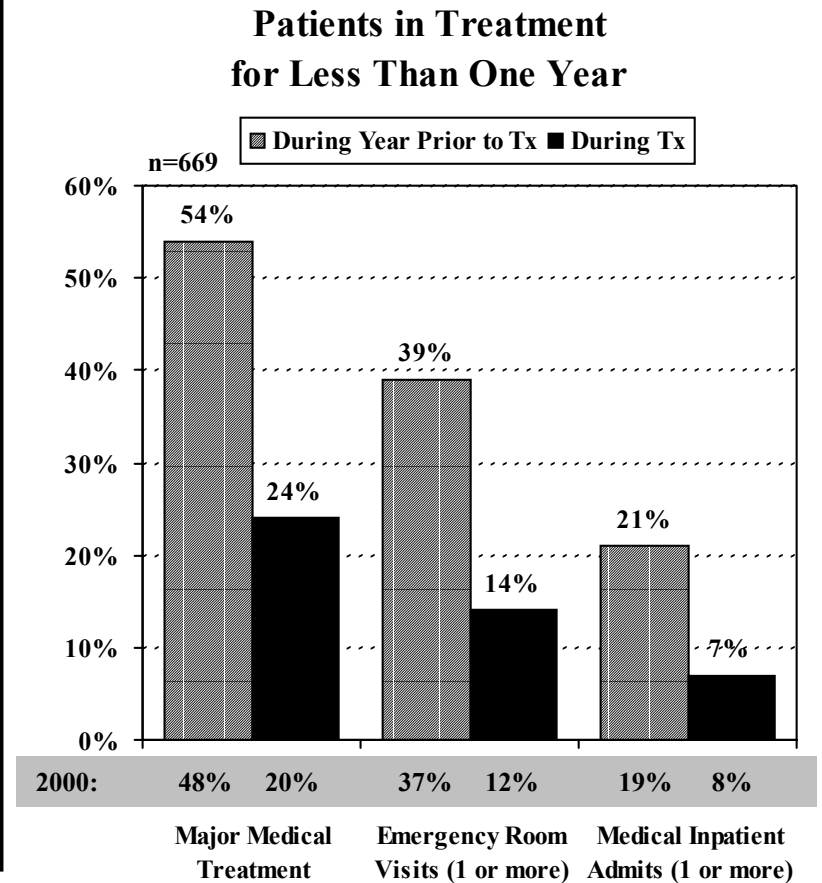
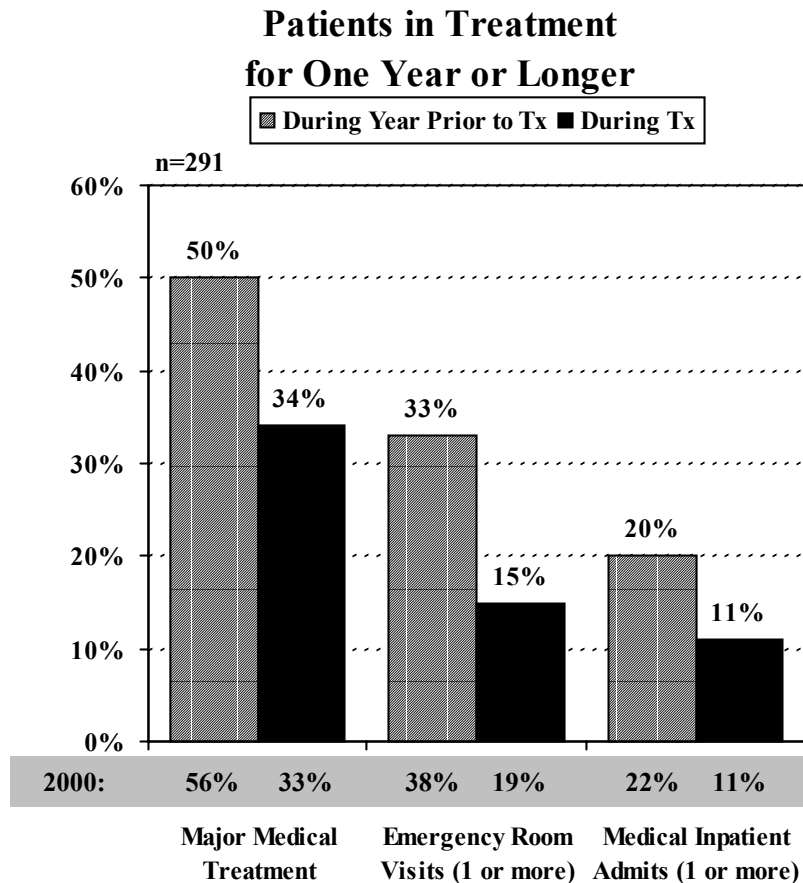
**Patients in Treatment
for One Year or Longer**



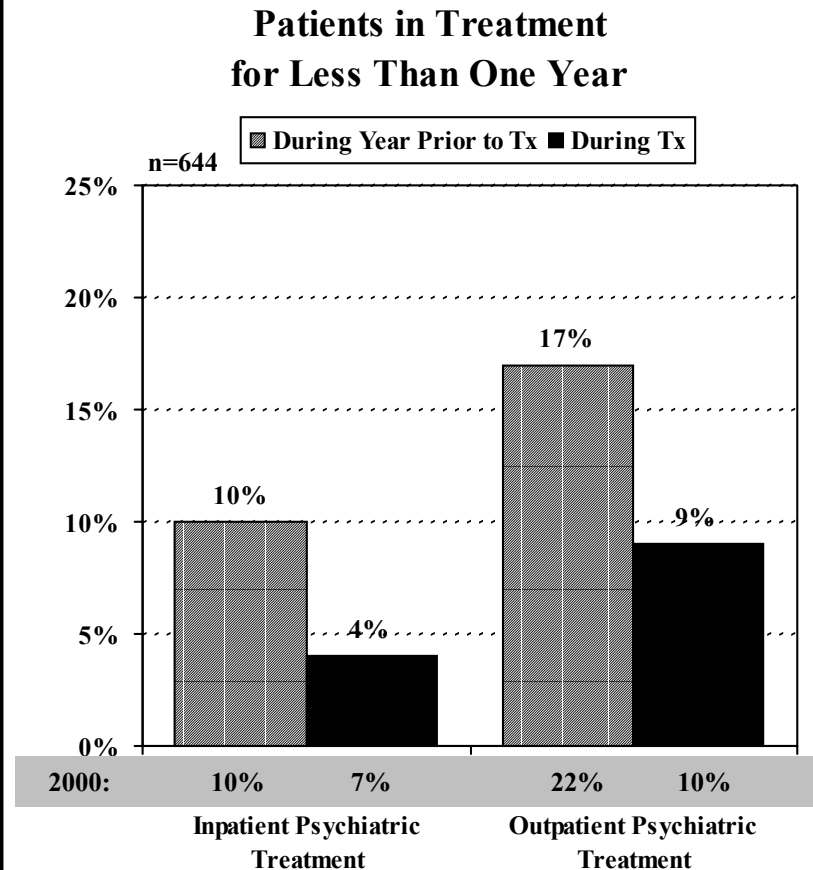
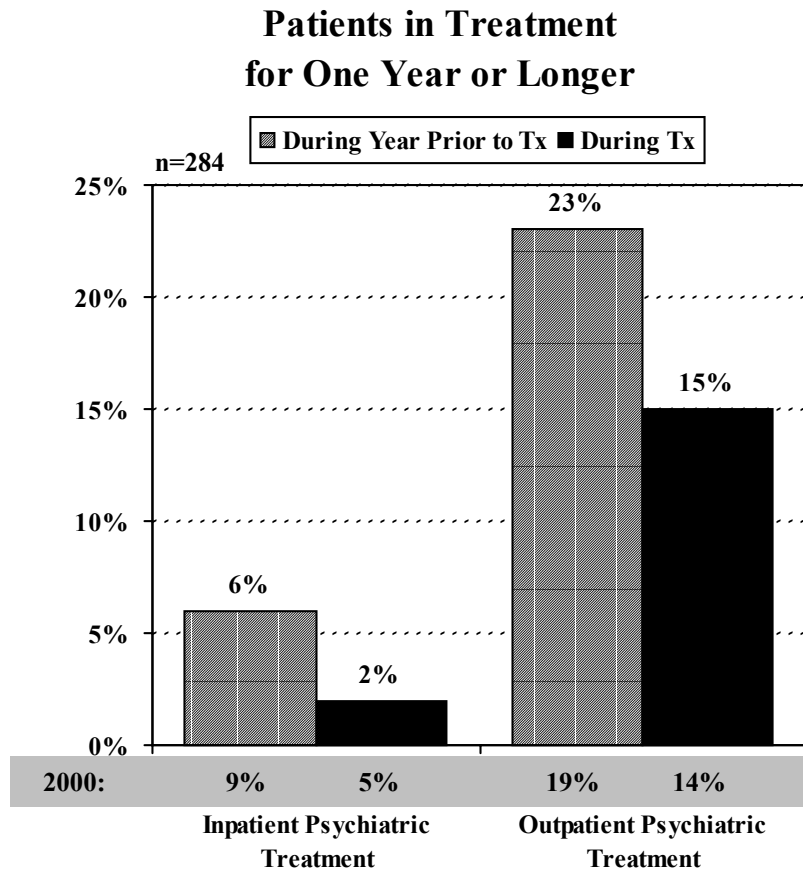
**Patients in Treatment
for Less Than One Year**



Supplementary Chart B-1
Medical Care Utilization by Opiate Substitution Patients Before/During Treatment:
All Patients, By Length of Treatment – Jan.-Sept. 2001

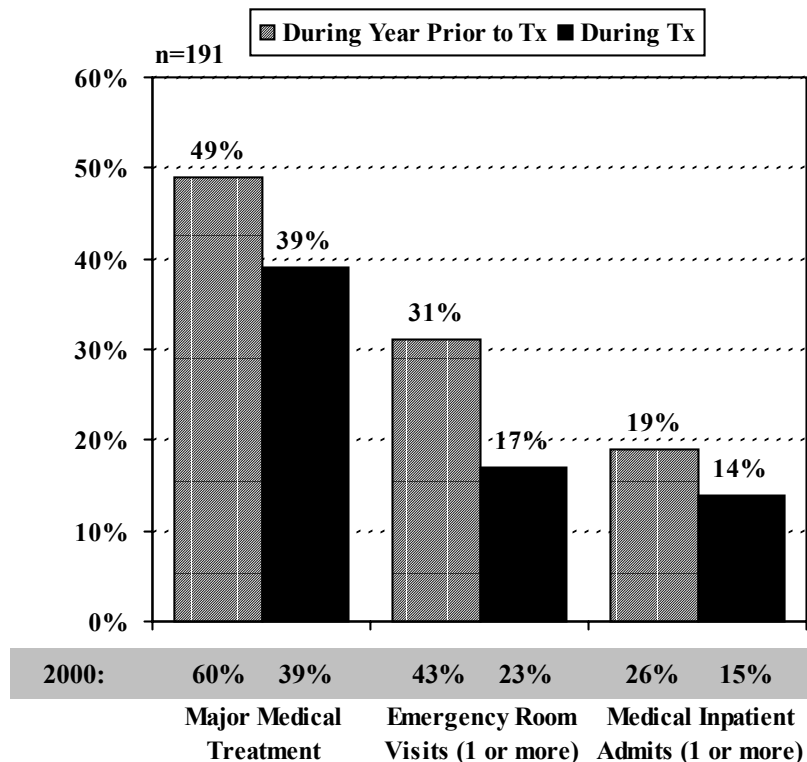


Supplementary Chart B-2
Psychiatric Health Care Utilization by Opiate Substitution Patients Before/During Treatment:
All Patients, By Length of Treatment – Jan.-Sept. 2001

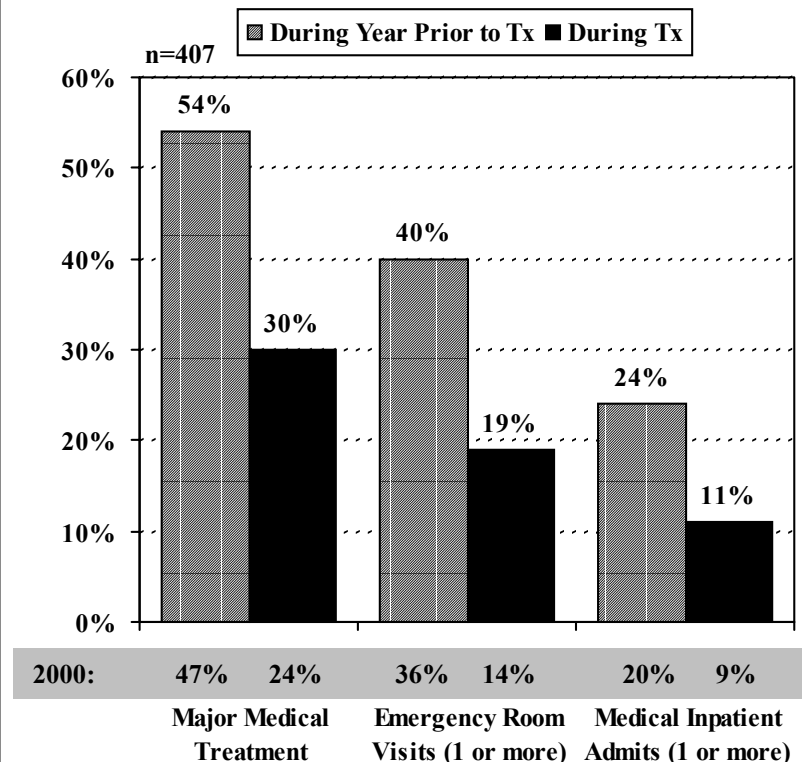


Supplementary Chart B-3 **Medical Care Utilization by Opiate Substitution Before/During Treatment:** *Publicly Funded Patients, By Length of Treatment – Jan.-Sept. 2001*

**Patients in Treatment
for One Year or Longer**



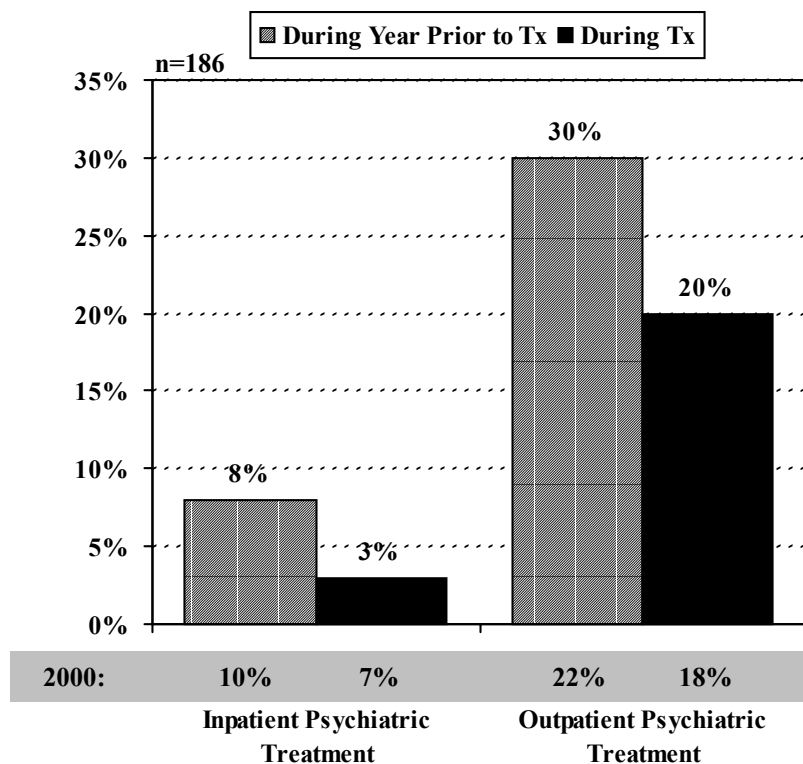
**Patients in Treatment
for Less Than One Year**



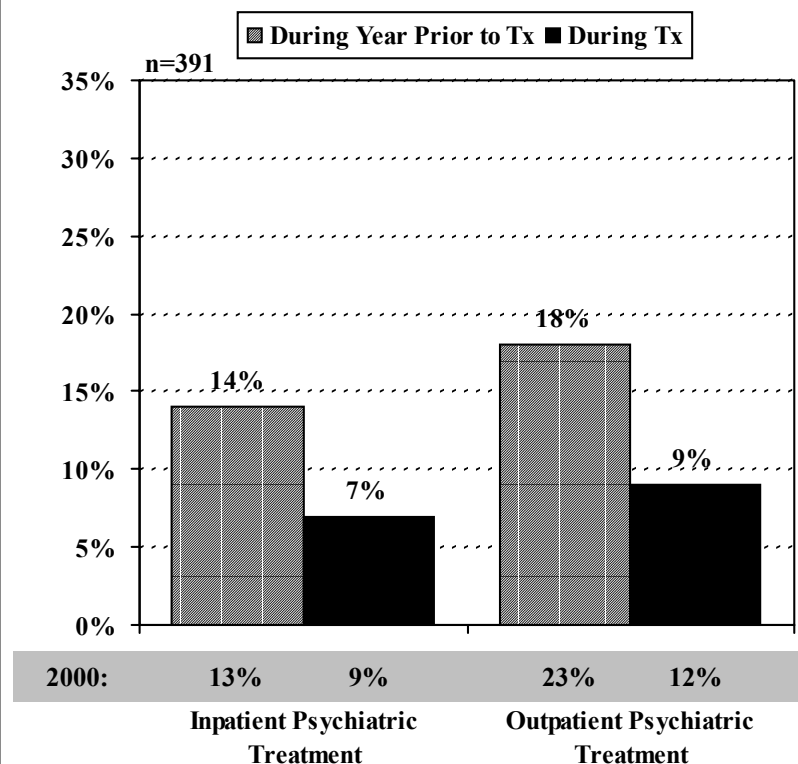
Supplementary Chart B-4

Psychiatric Health Care Utilization by Opiate Substitution Patients Before/During Treatment: *Publicly Funded Patients, By Length of Treatment – Jan.-Sept. 2001*

Patients in Treatment for One Year or Longer

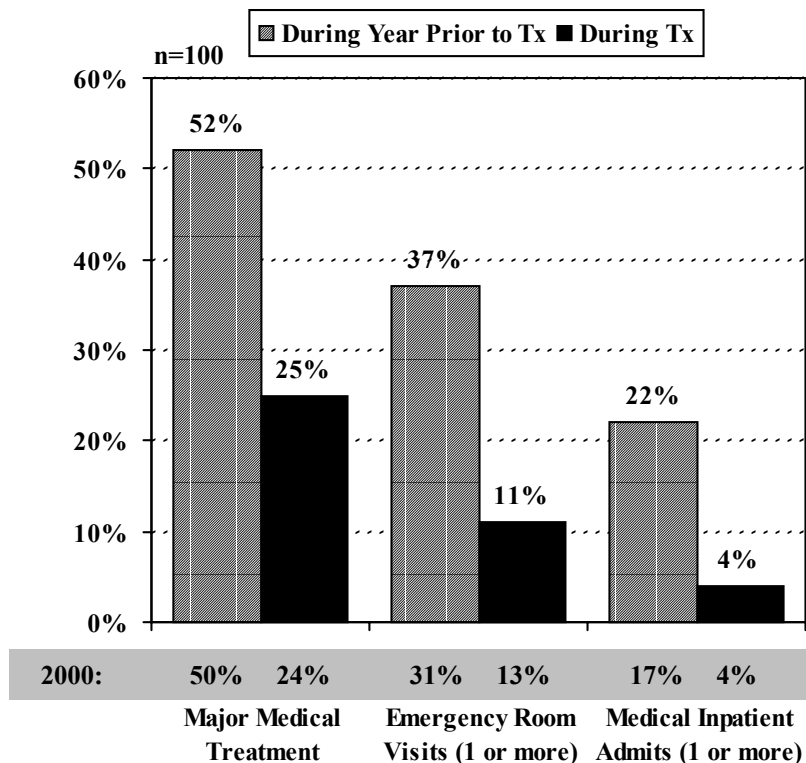


Patients in Treatment for Less Than One Year

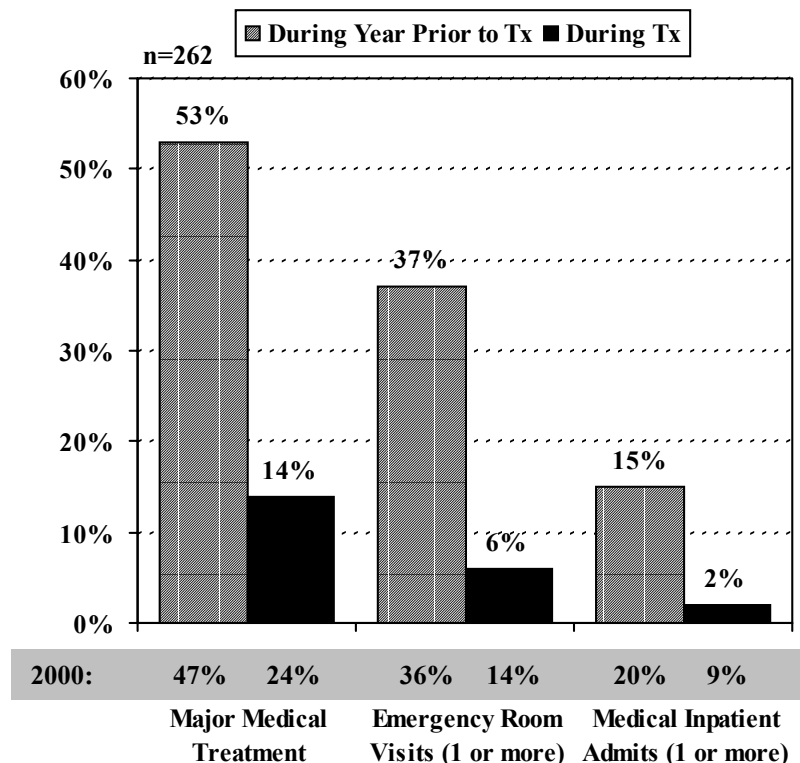


Supplementary Chart B-5
Medical Care Utilization by Opiate Substitution Patients Before/During Treatment:
Private-Pay Patients, By Length of Treatment – Jan.-Sept. 2001

**Patients in Treatment
for One Year or Longer**

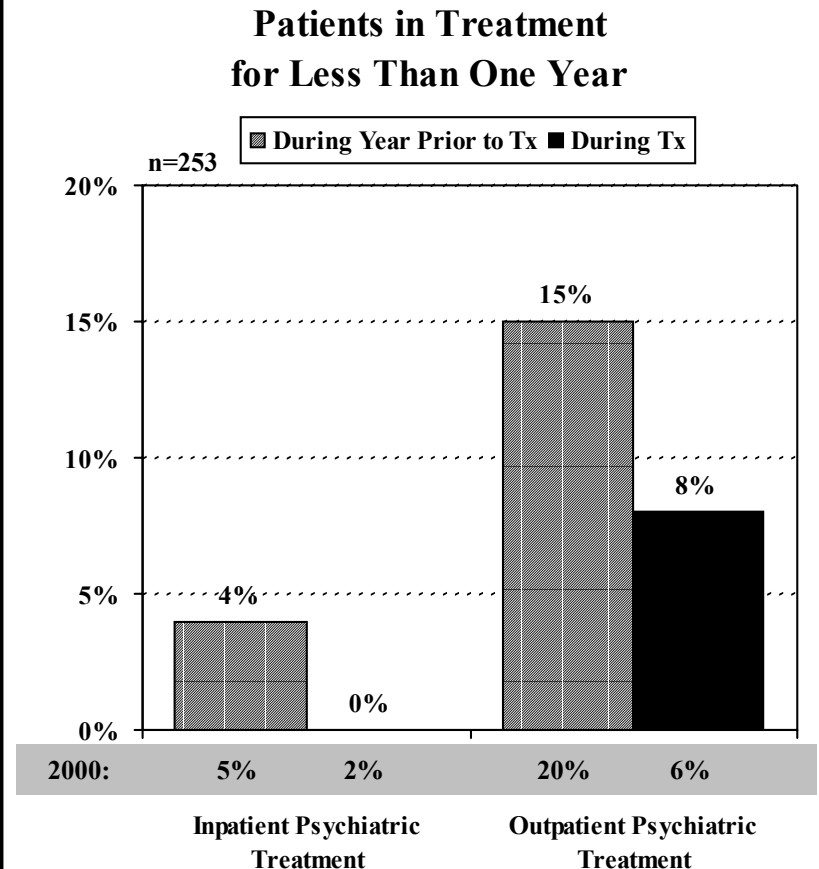
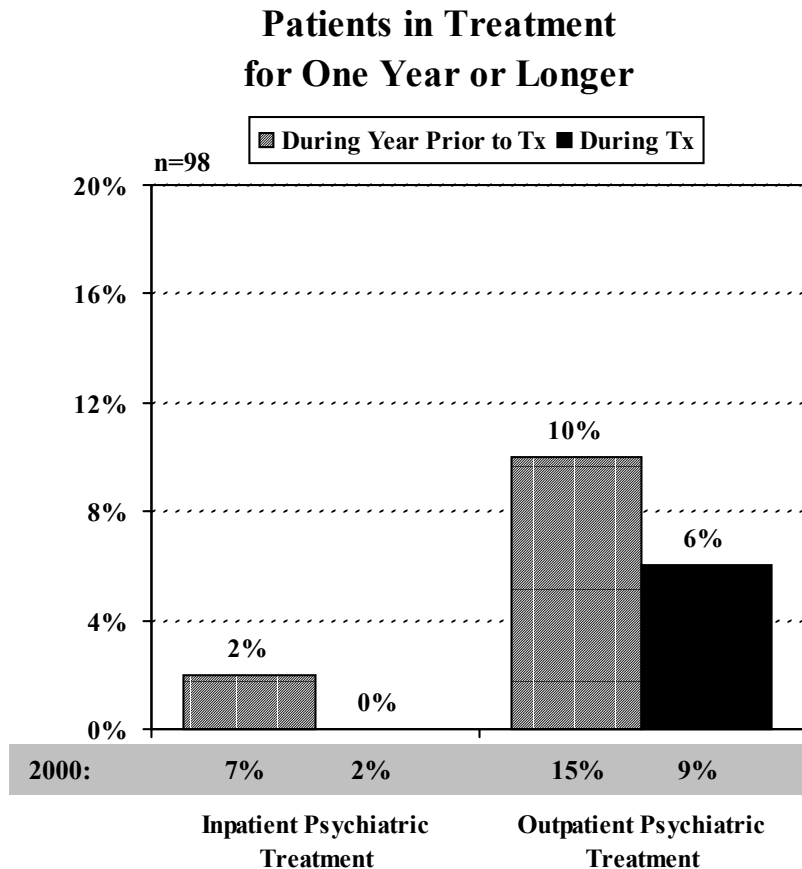


**Patients in Treatment
for Less Than One Year**



Supplementary Chart B-6

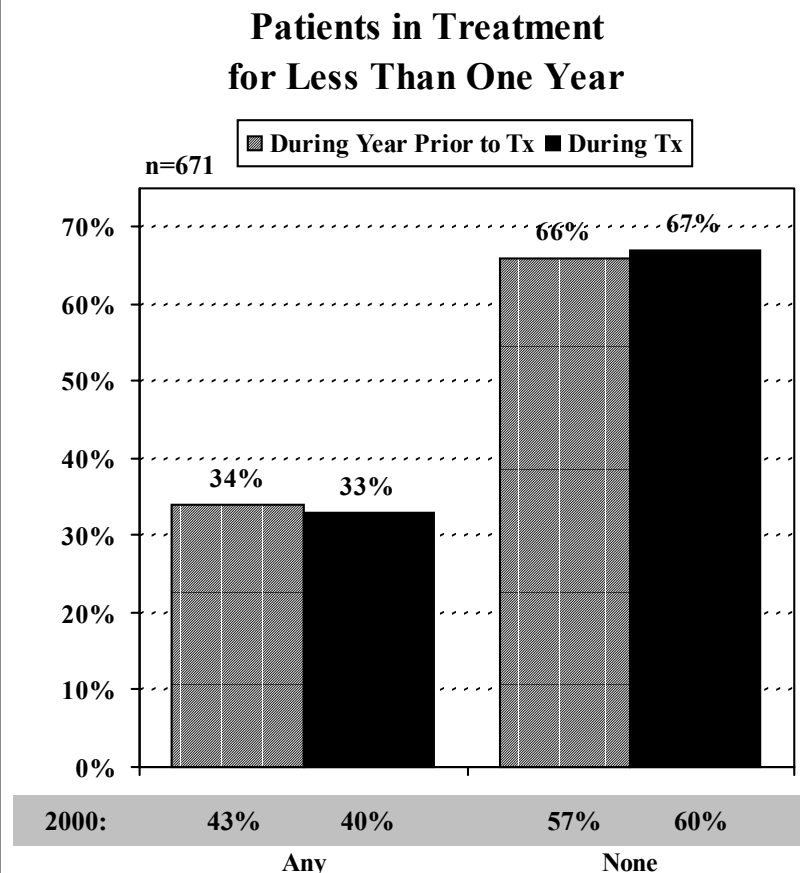
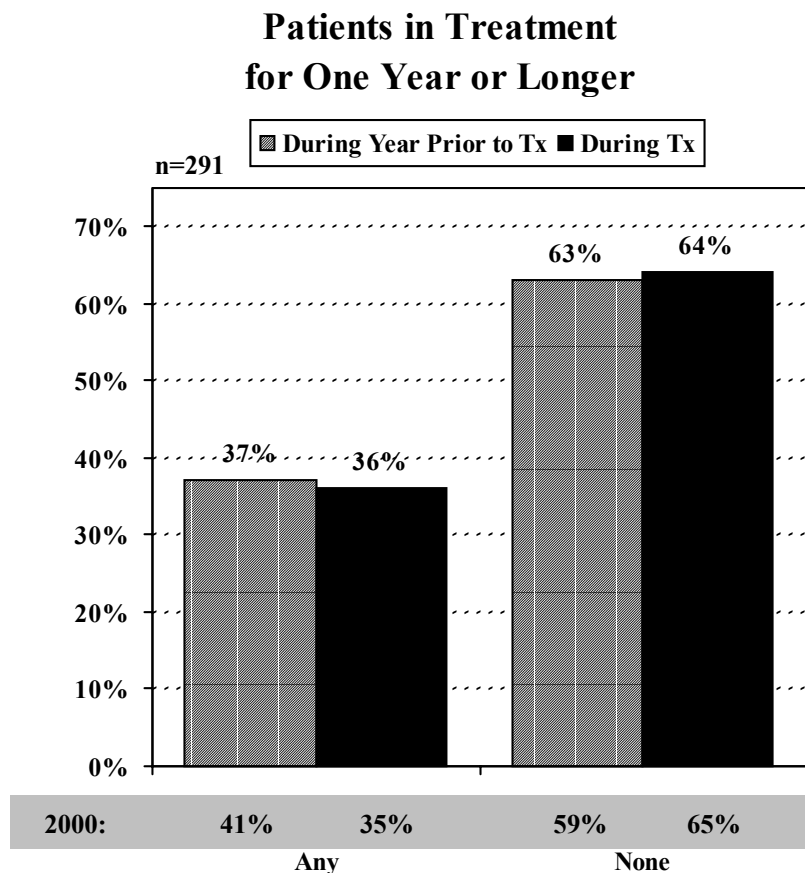
Psychiatric Health Care Utilization by Opiate Substitution Patients Before/During Treatment: *Private-Pay Patients, By Length of Treatment – Jan.-Sept. 2001*



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

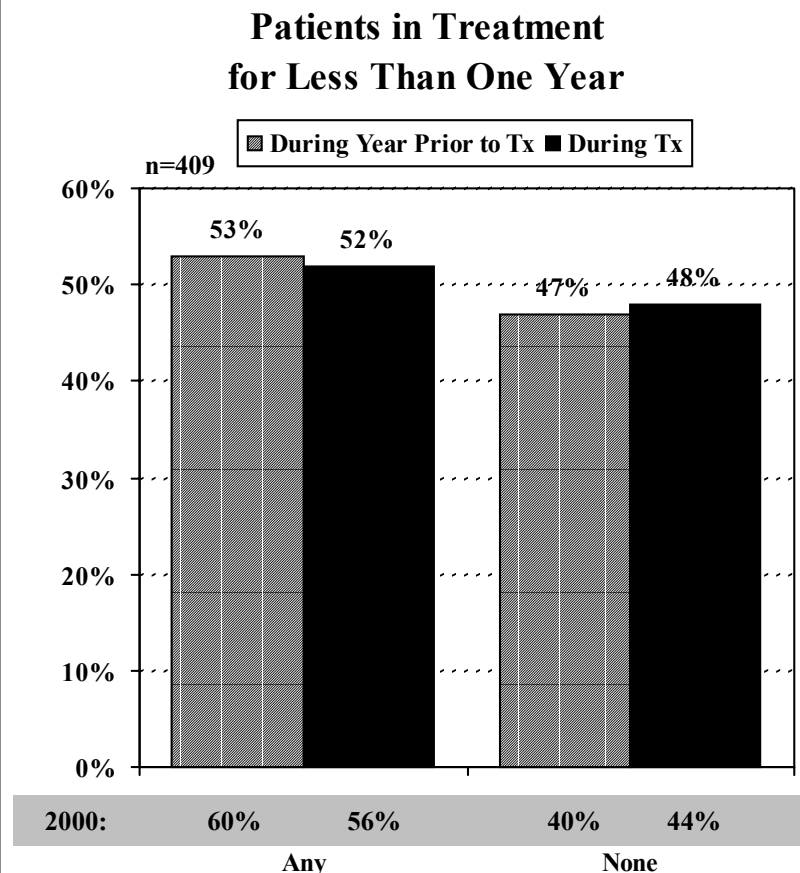
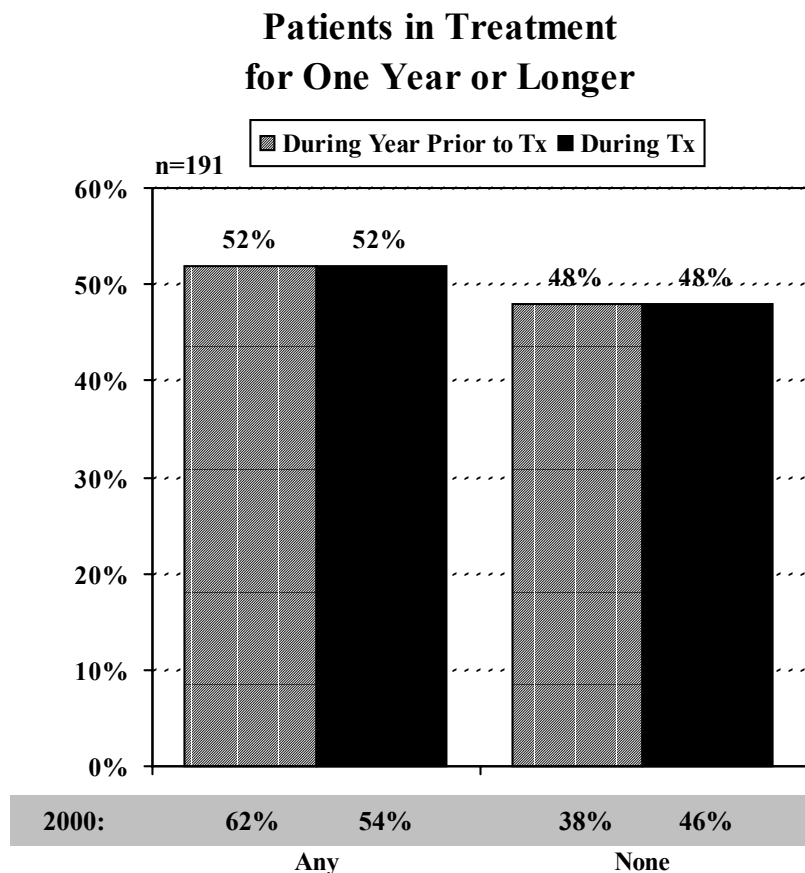
Supplementary Chart C-1
Public Assistance Among Opiate Substitution Patients at Treatment Admission/Discharge:
All Patients, By Length of Treatment – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Supplementary Chart C-2
Public Assistance Among Opiate Substitution Patients at Treatment Admission/Discharge:
Publicly Funded Patients, By Length of Treatment – Jan.-Sept. 2001

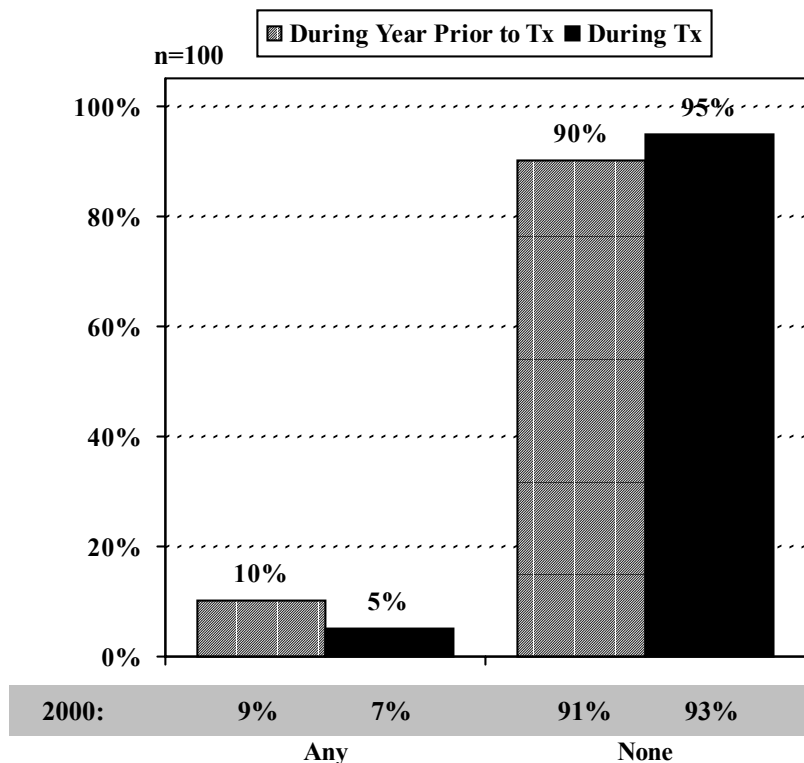


“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

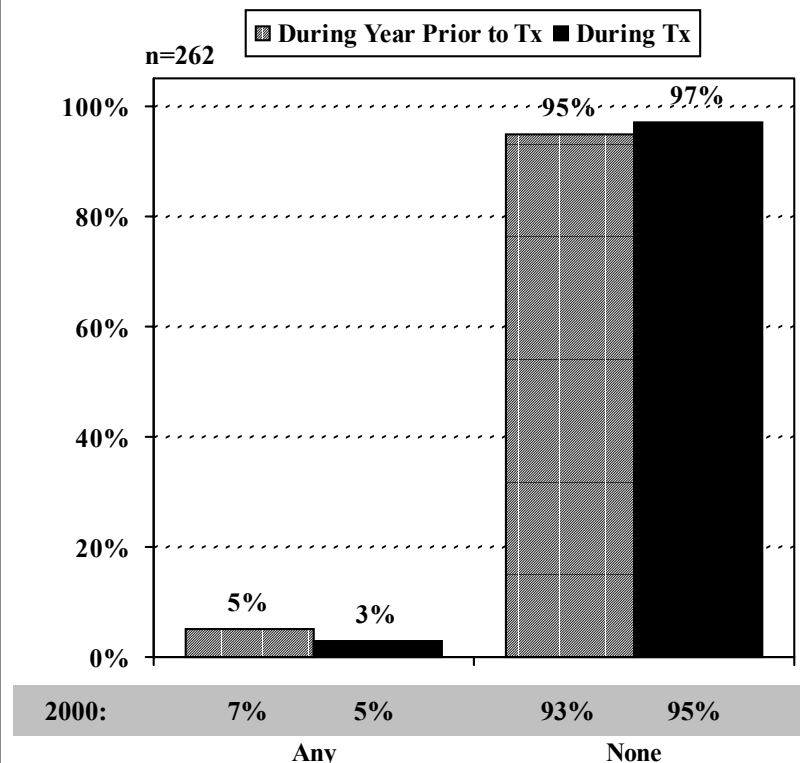
Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Supplementary Chart C-3
Public Assistance Among Opiate Substitution Patients at Treatment Admission/Discharge:
Private-Pay Patients, By Length of Treatment – Jan.-Sept. 2001

**Patients in Treatment
for One Year or Longer**



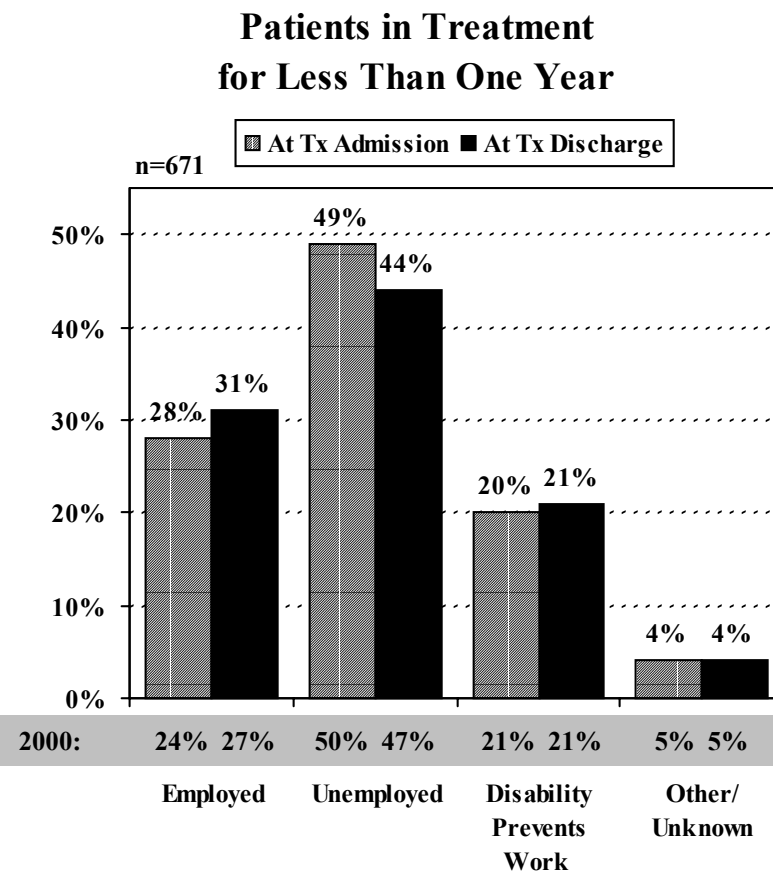
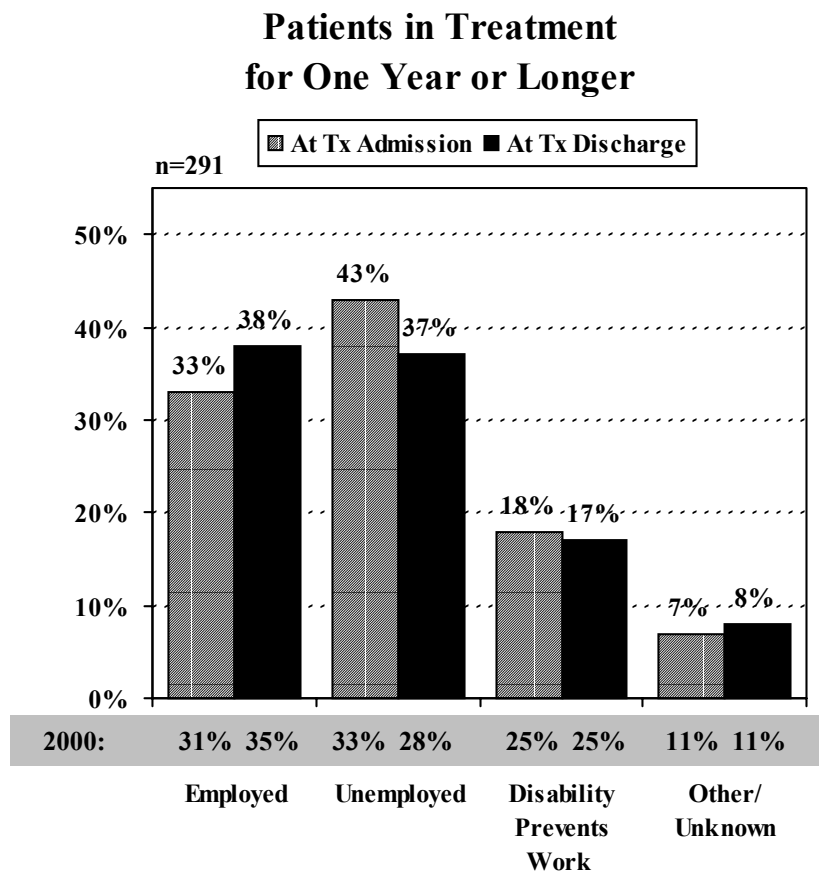
**Patients in Treatment
for Less Than One Year**



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Supplementary Chart D-1 **Employment Status Among Opiate Substitution Patients Before/After Treatment:** *All Patients, By Length of Treatment – Jan.-Sept. 2001*



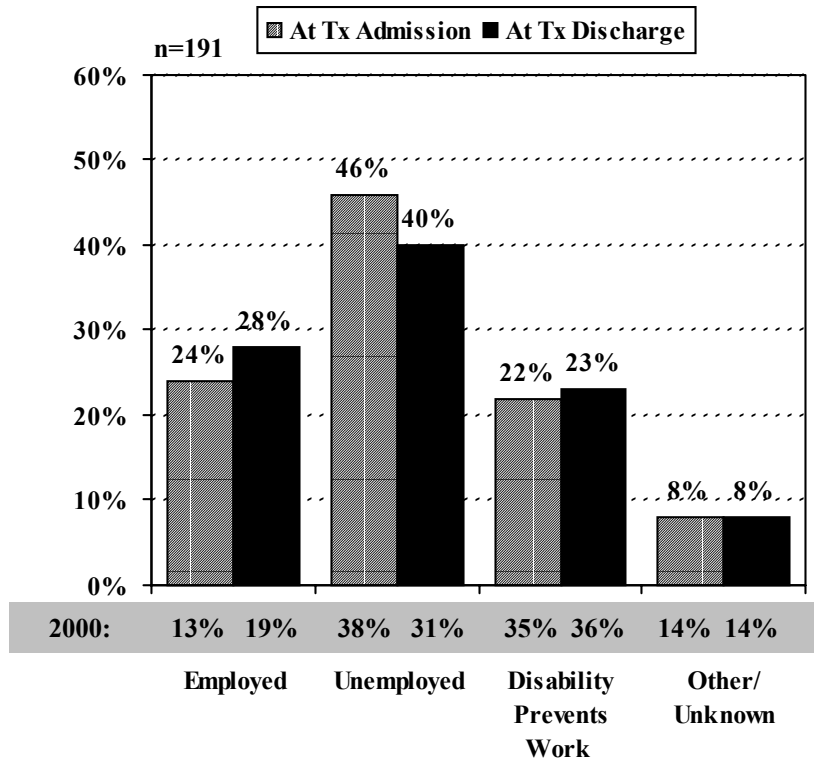
"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

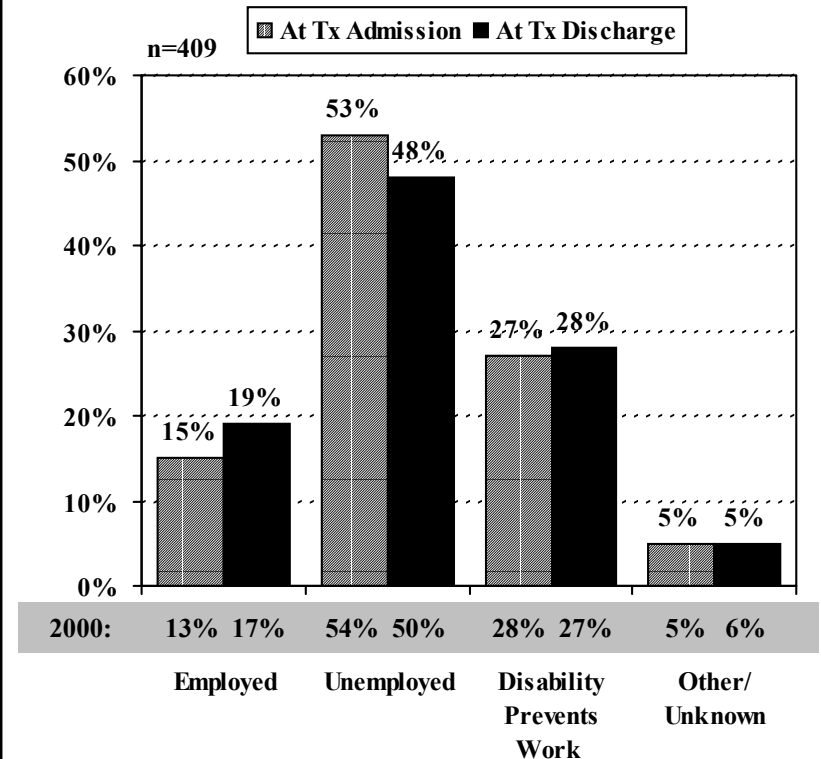
Supplementary Chart D-2

Employment Status Among Opiate Substitution Patients Before/After Treatment: *Publicly Funded Patients, By Length of Treatment – Jan.-Sept. 2001*

**Patients in Treatment
for One Year or Longer**



**Patients in Treatment
for Less Than One Year**



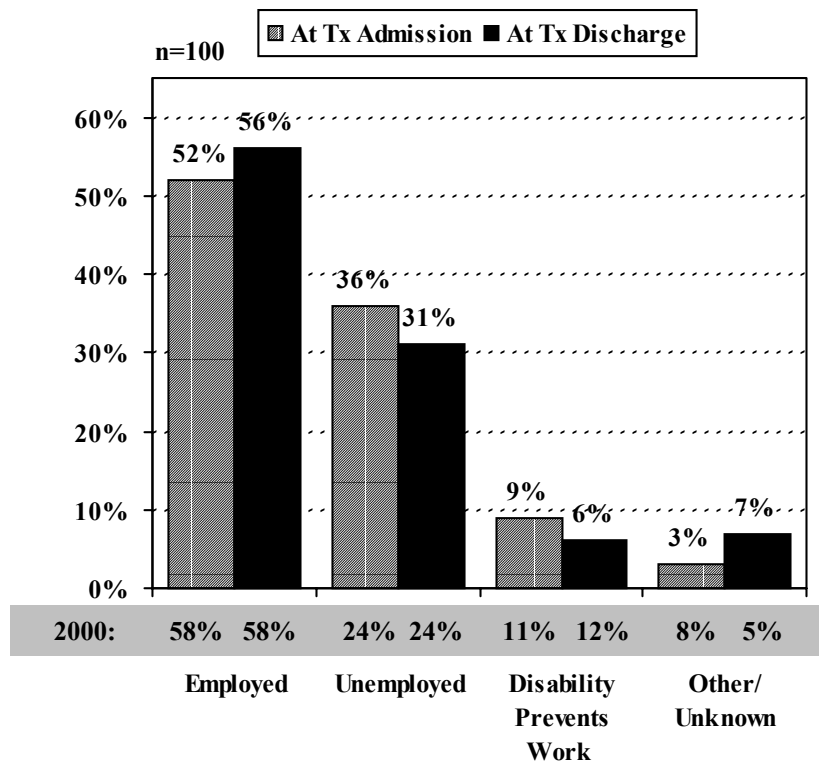
"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

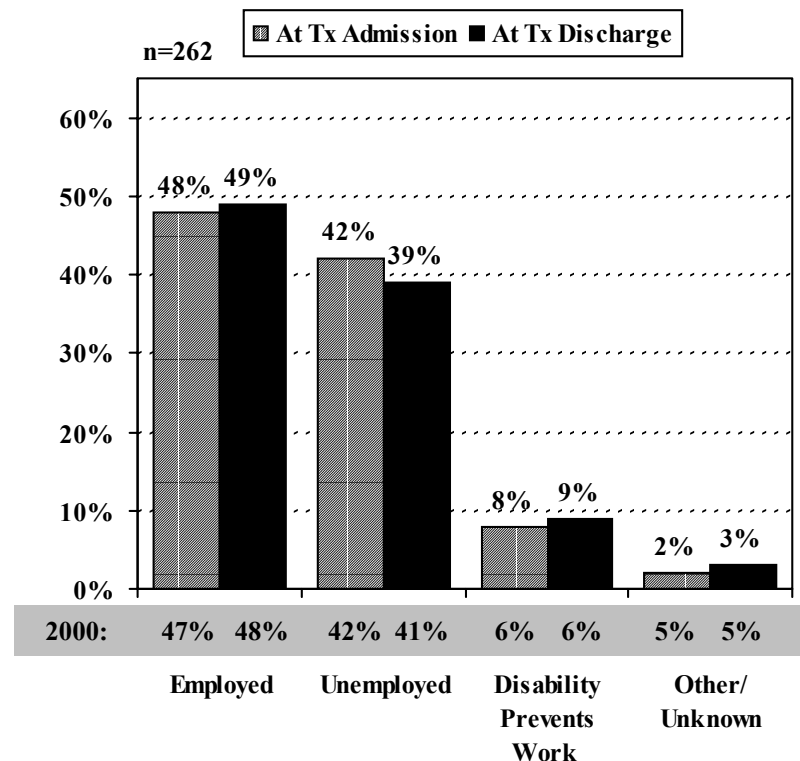
Supplementary Chart D-3

Employment Status Among Opiate Substitution Patients Before/After Treatment: *Private-Pay Patients, By Length of Treatment – Jan.-Sept. 2001*

**Patients in Treatment
for One Year or Longer**



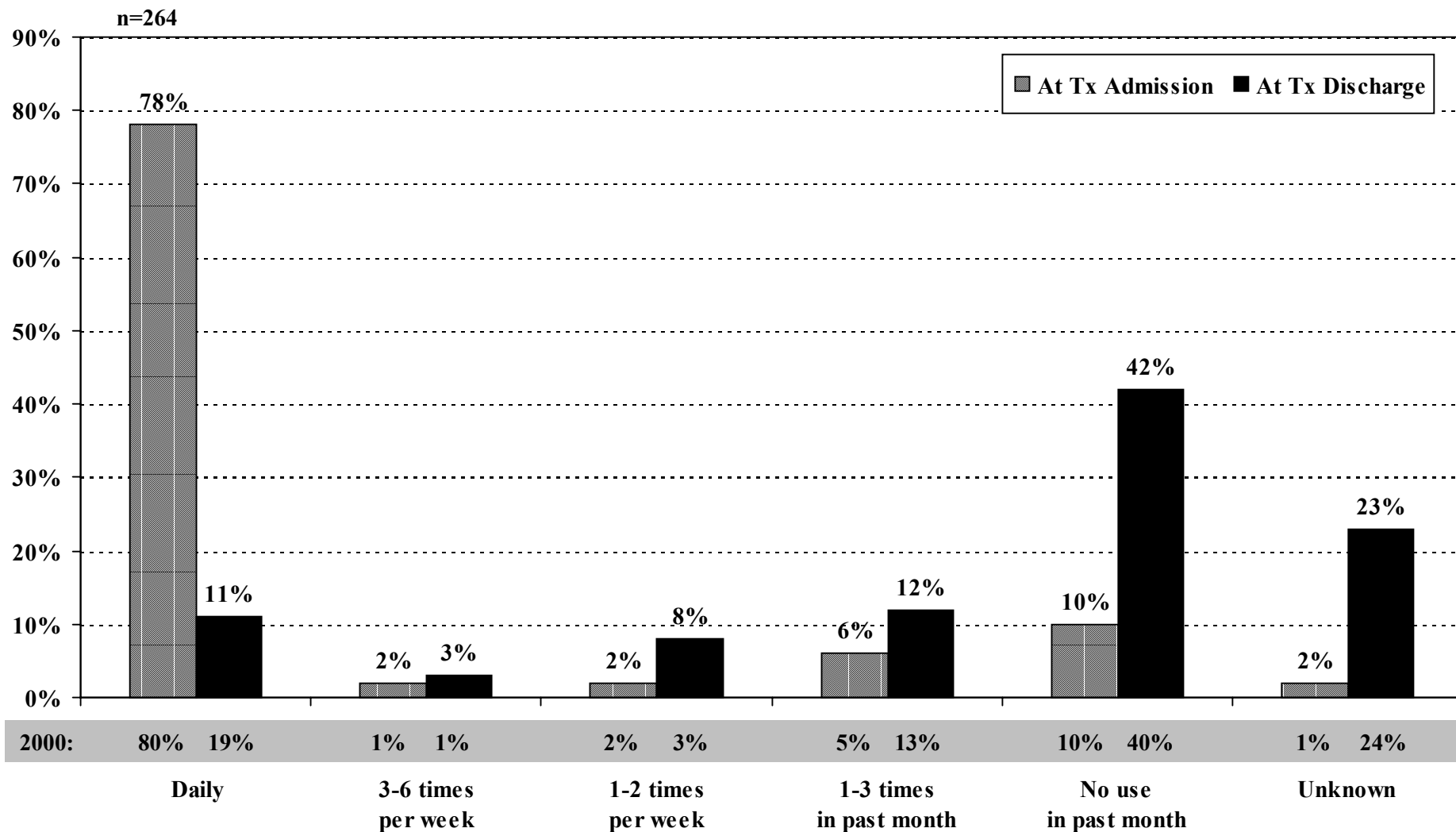
**Patients in Treatment
for Less Than One Year**



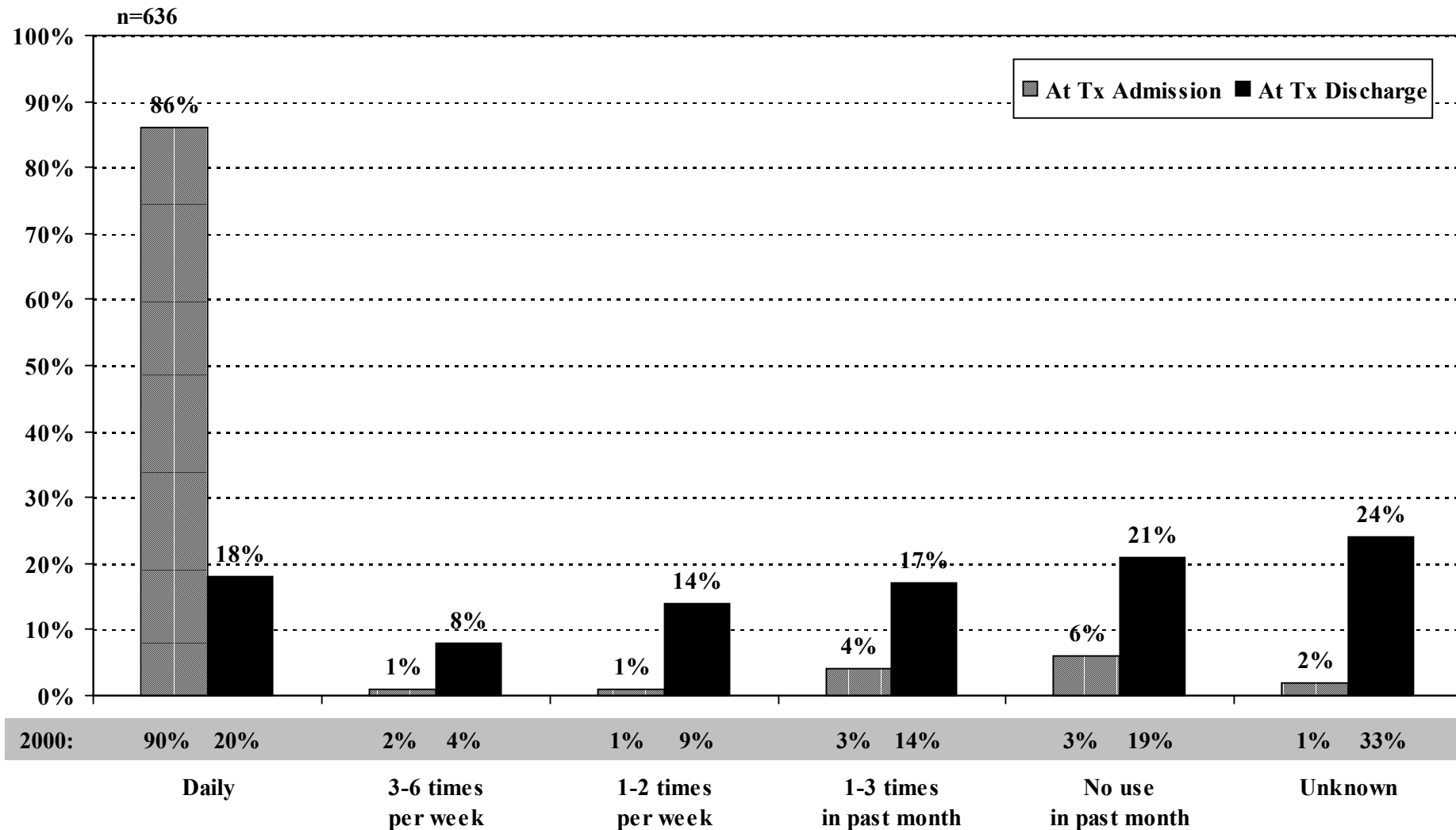
"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Supplementary Chart E-1
Frequency of Heroin Use Among Opiate Substitution Patients Before/During Treatment:
All Patients in Treatment for One Year or Longer – Jan.-Sept. 2001



Supplementary Chart E-2
Frequency of Heroin Use Among Opiate Substitution Patients Before/During Treatment:
All Patients in Treatment for Less Than One Year – Jan.-Sept. 2001



Supplementary Analysis: Comparison of Opiate Users in Opiate Substitution Treatment with Opiate Users in “Drug Free” Treatment

Supplementary Analysis:
Comparison of Opiate Users in Opiate Substitution Treatment
with Opiate Users in "Drug Free" Treatment

An additional question of interest concerns how opiate users admitted to opiate substitution treatment differ from those entering inpatient or outpatient treatment (i.e., "drug free" inpatient or outpatient treatment). To address this question, we compared patient and treatment characteristics (based on TARGET admission data) of opiate users in publicly funded opiate substitution treatment and their counterparts in "drug free" treatment during the same selected time period, see Table 2 (pages 80-83).

(1) Opiate Substitution Treatment Clients

Sample of 478 clients (drawn from our study sample) meeting all of the following criteria:

- (1) was discharged from opiate substitution treatment in Washington State between January 1, 2001 and September 30, 2001 after being admitted between September 1, 1999 and June 30, 2001.
- (2) had at least a portion of the treatment paid for with public funds; and
- (3) listed opiates (heroin, prescribed or non-prescribed opiate substitute, or "other opiates and synthetics") as the primary substance of abuse at treatment admission.

(2) "Drug-Free" (Inpatient/Outpatient) Treatment Clients

Sample of 3,794 clients meeting all of the following criteria:

- (1) was admitted to inpatient or outpatient treatment in Washington State between September 1, 1999 and June 30, 2001 (since a large proportion [81%] of the study sample of opiate substitution clients were admitted during this time period);
- (2) had at least a portion of the treatment paid for with public funds; and
- (3) listed opiates (heroin, prescribed or non-prescribed opiate substitute, or "other opiates and synthetics") as the primary substance of abuse at treatment admission.

As shown in the following table, an analysis of statistically significant differences between these two groups of opiate users revealed that compared to opiate users entering "drug-free" treatment, the study subsample of opiate users entering opiate substitution treatment were more likely (at treatment admission) to be/have:

- older;
- non-white;
- employed;
- childless;
- pregnant;
- heroin as their primary drug of abuse;
- used heroin in month prior to treatment admission (among heroin users);

- used heroin daily in month prior to treatment admission (among heroin users); and
- in treatment longer;

In addition, compared to opiate users entering "drug-free" treatment, the study subsample of opiate users entering opiate substitution treatment were less likely (at treatment admission) to be/have:

- receiving psychiatric care;
- visited an emergency room in the prior year; and
- been arrested in the prior year, including for drug and property crimes.

No significant differences in gender, education level, children living in patient's home, or age at first use of heroin were found between these two groups.

Findings within subgroups of drug-free treatment patients (inpatient, outpatient)

This analysis illustrates some of the characteristics on which opiate users in opiate substitution treatment and those in "drug free" treatment differ. There were clearly more differences between groups than similarities. Interpretation of these differences, however, awaits more detailed analyses that are beyond the scope of the present report.

Table 2. Intergroup Differences in Patient/Treatment Characteristics ¹ of Opiate Users (by Treatment Modality) (page 1 of 4)							
		(B) Publicly Funded "Drug Free" Treatment					
	(A) Publicly Funded Opiate Substitution Treatment (n=478)	(B1) Inpatient and Outpatient Patients Combined (n=3,794)	Stat. Signif. ² (A / B1 Diff.)	(B2) Outpatient Treatment Only (n=2,701)	Stat. Signif. ² (A / B2 Diff.)	(B3) Inpatient Treatment Only (n=1,093)	Stat. Signif. ² (A / B3 Diff.)
PATIENT CHARACTERISTICS							
Age (mean # years)	39.9 (sd=8.5)	35.5 (sd=9.9)	***	36.0 (sd=9.9)	***	34.5 (sd=9.8)	***
Gender (% male)	51.3%	51.8	NS	51.7%	NS	52.1%	NS
Race/ethnicity (% non-Hispanic white)	68.1% (n=477)	79.6% (n=3,775)	***	80.4% (n=2,692)	***	77.8% (n=1,083)	***
Educational level (% with at least college degree)	5.0%	6.2% (n=3,781)	NS	6.3% (n=2,693)	NS	5.9% (n=1,088)	NS
Educational level (% with at least HS/GED degree)	61.1%	61.4% (n=3,781)	NS	61.6% (n=2,693)	NS	60.9% (n=1,088)	NS
Educational level (% with at least HS/GED degree or vocational degree/certificate)	68.2%	68.2% (n=3,781)	NS	69.0% (n=2,693)	NS	66.1% (n=1,088)	NS
Employed (full/part-time)	15.6% (n=476)	9.5% (n=3,779)	***	12.6% (n=2,700)	NS	1.8% (n=1,079)	***
Employed (full/part-time) or full-time student	16.0% (n=476)	11.7% (n=3,779)	*	15.1% (n=2,700)	NS	3.2% (n=1,079)	***
¹ Characteristics at time of treatment admission unless otherwise indicated. Mean numbers have standard deviations in parentheses. ² Key to statistical significance of inter-group differences: NS=Inter-group difference not statistically significant at .05 confidence level (2-tailed t-test). * =Inter-group difference statistically significant at .05 confidence level (2-tailed t-test). ** =Inter-group difference statistically significant at .01 confidence level (2-tailed t-test). *** =Inter-group difference statistically significant at .001 confidence level (2-tailed t-test).							

Table 2. Intergroup Differences in Patient/Treatment Characteristics¹ of Opiate Users (by Treatment Modality)

(page 2 of 4)

		(B) Publicly Funded "Drug Free" Treatment					
	(A) Publicly Funded Opiate Substitution Treatment (n=478)	(B1) Inpatient and Outpatient Patients Combined (n=3,794)	Stat. Signif. ² (A / B1 Diff.)	(B2) Outpatient Treatment Only (n=2,701)	Stat. Signif. ₂ (A / B2 Diff.)	(B3) Inpatient Treatment Only (n=1,093)	Stat. Signif. ₂ (A / B3 Diff.)
PATIENT CHARACTERISTICS (CONT.)							
Children (% yes)	37.5%	54.0% (n=3,792)	***	54.1% (n=2,699)	***	53.5%	***
Children living in patient's home (% yes)	16.3%	17.6% (n=3,791)	NS	19.1% (n=2,699)	NS	13.7% (n=1,092)	NS
Receiving psychiatric care (% yes at admission)	12.3%	17.0% (n=3,792)	**	18.3% (n=2,700)	***	13.7% (n=1,092)	NS
Receiving or assessed as being in need of psychiatric care (% yes at admission)	33.8% (n=385)	36.6% (n=3,521)	NS	38.5% (n=2,518)	NS	31.7% (n=1,003)	NS
Assessed as being in need of, but not receiving, psychiatric care (% yes at admission)	18.4% (n=385)	18.3% (n=3,523)	NS	18.9% (n=2,519)	NS	16.7% (n=1,004)	NS
Any emergency room visit (in year prior to admission)	37.4%	52.0% (n=3,790)	***	49.6% (n=2,697)	***	57.9%	***
Pregnant (% yes among females only)	8.6% (n=233)	1.9% (n=1,829)	***	2.1% (n=1,305)	***	1.1% (n=524)	***
¹ Characteristics at time of treatment admission unless otherwise indicated. Mean numbers have standard deviations in parentheses.							
² Key to statistical significance of inter-group differences: NS=Inter-group difference not statistically significant at .05 confidence level (2-tailed t-test). * =Inter-group difference statistically significant at .05 confidence level (2-tailed t-test). ** =Inter-group difference statistically significant at .01 confidence level (2-tailed t-test). *** =Inter-group difference statistically significant at .001 confidence level (2-tailed t-test).							

Table 2. Intergroup Differences in Patient/Treatment Characteristics¹ of Opiate Users (by Treatment Modality)

(page 3 of 4)

		(B) Publicly Funded "Drug Free" Treatment					
	(A) Publicly Funded Opiate Substitution Treatment (n=478)	(B1) Inpatient and Outpatient Patients Combined (n=3,794)	Stat. Signif. ² (A / B1 Diff.)	(B2) Outpatient Treatment Only (n=2,701)	Stat. Signif. ² (A / B2 Diff.)	(B3) Inpatient Treatment Only (n=1,093)	Stat. Signif. ² (A / B3 Diff.)
PATIENT CHARACTERISTICS (CONT.)							
Any arrest (in year prior to admission)	34.9%	56.4%	***	57.9%	***	52.6%	***
Drug arrest (in year prior to admission)	22.0%	34.5%	***	36.7%	***	29.2%	**
Property arrest (in year prior to admission)	10.5%	19.3%	***	18.7%	***	20.7%	***
CHARACTERISTICS OF PRIMARY DRUG USE							
Heroin as primary drug (% reporting heroin as primary drug at admission)	96.9%	85.2%	***	84.2%	***	87.8%	***
Age at first use of heroin (mean # years) (among those reporting heroin as primary drug)	23.4 (n=463)	23.3 (n=3,233)	NS	23.2 (n=2,273)	NS	23.6 (n=960)	NS
Any use of heroin in month prior to admission (% of heroin users reporting any use at admission)	92.5% (n=453)	69.6% (n=3,187)	***	63.6% (n=2,244)	***	83.9% (n=943)	***
Daily use of heroin in month prior to admission (% of heroin users reporting daily use at admission)	82.3% (n=453)	56.4% (n=3,187)	***	50.5% (n=2,244)	***	70.3% (n=943)	***
¹ Characteristics at time of treatment admission unless otherwise indicated. Mean numbers have standard deviations in parentheses.							
² Key to statistical significance of inter-group differences: NS=Inter-group difference not statistically significant at .05 confidence level (2-tailed t-test). * =Inter-group difference statistically significant at .05 confidence level (2-tailed t-test). ** =Inter-group difference statistically significant at .01 confidence level (2-tailed t-test). *** =Inter-group difference statistically significant at .001 confidence level (2-tailed t-test).							

Table 2. Intergroup Differences in Patient/Treatment Characteristics ¹ of Opiate Users (by Treatment Modality) (page 4 of 4)							
		(B) Publicly Funded "Drug Free" Treatment					
	(A) Publicly Funded Opiate Substitution Treatment (n=478)	(B1) Inpatient and Outpatient Patients Combined (n=3,794)	Stat. Signif. ² (A / B1 Diff.)	(B2) Outpatient Treatment Only (n=2,701)	Stat. Signif. ² (A / B2 Diff.)	(B3) Inpatient Treatment Only (n=1,093)	Stat. Signif. ² (A / B3 Diff.)
TREATMENT CHARACTERISTICS							
Length of time in treatment (mean # days)	222.6 (sd=150.1)	92.8 (sd=120.2) (n=3,623)	***	122.7 (sd=132.5) (n=2,531)	***	23.5 (sd=19.0) (n=1,092)	***
¹ Characteristics at time of treatment admission unless otherwise indicated. Mean numbers have standard deviations in parentheses. ² Key to statistical significance of inter-group differences: NS=Inter-group difference not statistically significant at .05 confidence level (2-tailed t-test). * =Inter-group difference statistically significant at .05 confidence level (2-tailed t-test). ** =Inter-group difference statistically significant at .01 confidence level (2-tailed t-test). *** =Inter-group difference statistically significant at .001 confidence level (2-tailed t-test).							

Part 2

Supporting Tables/Charts/Analyses by Program

Part 2

Supporting Tables/Charts/Analysis by Program

Description	Number	Page(s)
□ Table 3: Distribution of Patient/Treatment Characteristics (By Provider and Funding Source)	Table 3	93
□ Alcohol/Drug Network		
▪ Criminal Arrests Charts		
○ Publicly funded patients	Chart F-1	123
○ Private-pay patients	Chart F-2	124
▪ Health Care Utilization Charts		
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DETERMINING THE VALUE OF OPIATE SUBSTITUTION TREATMENT – PROVIDER-LEVEL DATA

Part 2 of this report, “Determining the Value of Opiate Substitution Treatment” addresses the same questions as Part 1, but from the perspective of individual providers rather than statewide. The objective is to address two key policy questions through an “outcome analysis” as required under RCW 70.96A.420(4):

1. Does opiate substitution treatment contribute to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?
2. Does opiate substitution treatment support the Department of Social and Health Services’ (DSHS) mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives?

The first part of the report focused on statewide data gathered from a sample of 962 publicly funded and private-pay patients discharged from opiate substitution treatment in Washington State between January 1, 2001 and September 30, 2001. This second part of the report is based on the same data, but focuses on the outcomes of patients being treated in each of ten opiate substitution clinics. Both parts of the report address the same five questions in order to respond to the policy issues raised:

- To what extent does opiate substitution treatment contribute to an overall reduction in criminal activity?
- To what extent does opiate substitution treatment contribute to healthier lifestyles and result in reduced utilization of acute health care services?
- To what extent does opiate substitution treatment reduce patients’ reliance upon public assistance?
- To what extent does opiate substitution treatment stabilize patients so that they are more likely to become economically self-sufficient through employment?
- To what extent does opiate substitution treatment assist patients in achieving a drug-free lifestyle, or in reducing heroin use?

Caution in Interpreting Provider-Level Findings

The data and charts found in this report should be useful to individual providers by increasing understanding of the outcomes to patients based on the opiate substitution treatment services provided. Comparisons between individual clinics or between an individual clinic and the statewide findings should be treated with caution for the following reasons:

- ***Findings may be based on a small number of cases.***

Some of the provider-level findings in this report are based on a fairly small number of cases, sometimes as low as 6 patients. A primary principle of sampling theory is that the smaller the size of a study sample, the more likely it is that the resulting findings represent a chance occurrence rather than a statistically likely event. Even when findings are based on an entire population rather than a sampling, such findings can be altered dramatically by a shift in the values of a few cases. Thus, provider-level findings based on smaller numbers of cases should be interpreted cautiously.

- ***There may be differences between clinics in patient characteristics.***

Table 3 indicates the patient/treatment characteristics of those served in each clinic. In some cases, differences between individual clinics or between an individual clinic and state-level characteristics can be striking. These demographic differences and others not reported in this table (such as social/economic circumstances of patients, access to transportation, affordable drug-free housing, etc.) may significantly influence treatment outcomes.

- ***There may be differences in policies among clinics.***

Policies at individual clinics can impact reported outcomes. For example, there is a wide variation in the average length of treatment for patients among clinics, a significant factor affecting patient outcomes. This may be influenced by demographic characteristics (as above), but also by the administrative policies of individual clinics.

Report Contents

What follows is (table 3) indicating the distribution of patient/treatment characteristics of individuals in opiate substitution programs. These are broken out both by clinic and funding source (publicly funded vs. private-pay). This is followed by ten sets of charts – one set for each provider – indicating changes in patient behaviors, either from the year prior to treatment to the period of treatment, or from time of treatment admission to discharge. The five behaviors examined are: criminal activity; utilization of acute health care services; reliance upon public assistance; employment status; and reduction in heroin use. Taken together, the data clearly indicate the effectiveness of opiate substitution programs in supporting the DSHS mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives.

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 1 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
PATIENT CHARACTERISTICS (at admission)								
Age								
• Mean	39.5	38.9	36.6	37.8	34.2	40	---	39.5
• Median	41	39.5	38.5	39	32	38.5	---	41
• Range	15-69	18-63	24-51	19-53	22-57	30-48	---	22-56
Gender								
• Male	291 (49%)	241 (67%)	5 (31%)	34 (67%)	12 (60%)	5 (50%)	---	24 (55%)
• Female	309 (52%)	121 (33%)	11 (69%)	17 (33%)	8 (40%)	5 (50%)	---	20 (45%)
Patient with Children Under Age18 Living in Patient's Home ¹								
• Yes	109 (18%)	56 (15%)	3 (19%)	13 (25%)	7 (35%)	2 (20%)	---	8 (18%)
• No	491 (82%)	306 (85%)	13 (81%)	38 (75%)	13 (65%)	8 (80%)	---	36 (82%)
Patient with Children Under Age18 ²								
• Yes	240 (40%)	144 (40%)	10 (63%)	41 (80%)	13 (65%)	4 (40%)	---	16 (36%)
• No	360 (60%)	218 (60%)	6 (38%)	10 (20%)	7 (35%)	6 (60%)	---	28 (64%)
¹ Patient's children or other's children living in patient's home.								
² Patient's children living in patient's home or elsewhere or other's children living in patient's home								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 2 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
PATIENT CHARACTERISTICS (continued)								
Race/Ethnicity								
• White (and not Spanish/ Hispanic ethnicity)	405 (68%)	298 (82%)	15 (94%)	45 (88%)	14 (70%)	8 (80%)	---	34 (77%)
• Black/African-American	114 (19%)	28 (8%)	---	2 (4%)	1 (5%)	---	---	4 (9%)
• Native American/ Alaskan Native								
• Native American	29 (5%)	18 (5%)	---	3 (6%)	1 (5%)	1 (10%)	---	5 (11%)
• Eskimo/Alaskan Native	1 (0%)	---	---	---	---	---	---	---
• Spanish/Hispanic								
• Mexican/Mex. Amer./ Chicano	13 (2%)	5 (1%)	1 (6%)	1 (2%)	1 (5%)	---	---	---
• Cuban	2 (0%)	1 (0%)	---	---	---	---	---	---
• Puerto Rican	1 (0%)	---	---	---	---	---	---	---
• Other Spanish/ Hispanic/Latino ethnicity (unspecified)	15 (3%)	5 (1%)	---	---	2 (10%)	---	---	1 (2%)
• Asian/Pacific Islander								
• Laotian	5 (1%)	---	---	---	---	---	---	---
• Chinese	1 (0%)	1 (0%)	---	---	---	---	---	---
• Filipino	1 (0%)	1 (0%)	---	---	1 (5%)	---	---	---
• Cambodian	1 (0%)	---	---	---	---	---	---	---
• Hawaiian	1 (0%)	---	---	---	---	---	---	---
• Vietnamese	1 (0%)	---	---	---	---	---	---	---
• Other Asian/Pacific Islander (unspecified)	1 (0%)	1 (0%)	---	---	---	---	---	---
• Other race (unspecified)	9 (2%)	3 (1%)	---	---	---	1 (10%)	---	---
• Refused to answer	---	1 (0%)	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 3 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
ABUSED SUBSTANCES (at admission)								
Primary Substance								
• Heroin	571 (95%)	329 (91%)	14 (88%)	44 (86%)	18 (90%)	9 (90%)	---	40 (91%)
• Opiates/synthetics other than heroin/opiate substitute	13 (2%)	21 (6%)	2 (13%)	6 (12%)	1 (5%)	---	---	1 (2%)
• Prescribed opiate substitute	6 (1%)	8 (2%)	---	1 (2%)	---	---	---	3 (7%)
• Cocaine	6 (1%)	---	---	---	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	---	1 (5%)	---	---	---
• Alcohol	2 (0%)	1 (0%)	---	---	---	1 (10%)	---	---
• Marijuana	1 (0%)	---	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 4 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
ABUSED SUBSTANCES (continued)								
Secondary Substance								
• Cocaine	337 (56%)	124 (34%)	6 (38%)	8 (16%)	10 (50%)	4 (40%)	---	11 (25%)
• Alcohol	89 (15%)	65 (18%)	---	8 (16%)	2 (10%)	3 (30%)	---	4 (9%)
• Tobacco	56 (9%)	46 (13%)	---	---	2 (10%)	1 (10%)	---	16 (36%)
• Opiates/synthetics other than heroin/ opiate substitute	24 (4%)	37 (10%)	3 (19%)	15 (29%)	2 (10%)	1 (10%)	---	2 (5%)
• Marijuana	27 (5%)	30 (8%)	2 (13%)	3 (6%)	2 (10%)	---	---	2 (5%)
• Benzodiazepines/ barbiturates/sedatives	25 (4%)	11 (3%)	4 (25%)	3 (6%)	2 (10%)	---	---	2 (5%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	10 (3%)	1 (6%)	3 (6%)	---	---	---	---
• Heroin	11 (2%)	12 (3%)	---	3 (6%)	---	1 (10%)	---	1 (2%)
• Prescribed opiate substitute	3 (1%)	12 (3%)	---	4 (8%)	---	---	---	5 (11%)
• Non-prescribed opiate substitute	1 (0%)	6 (2%)	---	4 (8%)	---	---	---	1 (2%)
• Hallucinogens	1 (0%)	---	---	---	---	---	---	---
• Other (unspecified)	---	1 (0%)	---	---	---	---	---	---
• Substance unknown	1 (0%)	---	---	---	---	---	---	---
• None	7 (1%)	8 (2%)	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 5 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
ABUSED SUBSTANCES (continued)								
Tertiary Substance								
• Tobacco	231 (39%)	113 (31%)	3 (19%)	6 (12%)	10 (50%)	7 (70%)	---	12 (27%)
• Alcohol	128 (21%)	59 (16%)	---	2 (4%)	1 (5%)	---	---	5 (11%)
• Cocaine	68 (11%)	39 (11%)	1 (6%)	9 (18%)	1 (5%)	1 (10%)	---	6 (14%)
• Marijuana	37 (6%)	31 (9%)	2 (13%)	5 (10%)	3 (15%)	---	---	8 (18%)
• Benzodiazepines/ barbiturates/sedatives	28 (5%)	16 (4%)	4 (25%)	8 (16%)	1 (5%)	1 (10%)	---	3 (7%)
• Opiates/synthetics other than heroin/ opiate substitute	13 (2%)	23 (6%)	---	9 (18%)	2 (10%)	1 (10%)	---	2 (5%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	12 (3%)	2 (13%)	3 (6%)	2 (10%)	---	---	2 (5%)
• Prescribed opiate substitute	7 (1%)	7 (2%)	2 (13%)	5 (10%)	---	---	---	1 (2%)
• Heroin	2 (0%)	2 (1%)	---	1 (2%)	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	2 (4%)	---	---	---	---
• Hallucinogens	2 (0%)	---	1 (6%)	---	---	---	---	---
• Over the Counter	---	1 (0%)	---	1 (2%)	---	---	---	---
• Other (unspecified)	4 (1%)	---	---	---	---	---	---	---
• Substance unknown	1 (0%)	1 (0%)	---	---	---	---	---	---
• None	60 (10%)	55 (15%)	1 (6%)	---	---	---	---	5 (11%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 6 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
SUBSTANCE ABUSE (Heroin Users Only³)	(n=574)	(n=333)	(n=14)	(n=44)	(n=18)	(n=9)	---	(n=41)
Age at First Heroin Use (in years) • Mean • Median • Range	23.5 21 10-53 (n=571)	23.6 22 12-51 (n=329)	20.0 19.5 13-35 (n=14)	23.5 21 14-41 (n=44)	23.0 21 11-53 (n=18)	24.6 26 14-38 (n=9)	---	20.3 20 14-31 (n=40)
Frequency of Heroin Use at Admission • Daily • 3-6 times per week • 1-2 times per week • 1-3 times in past month • No use in past month • Unknown	458 (80%) 10 (2%) 9 (2%) 35 (6%) 46 (8%) 16 (3%)	296 (89%) 3 (1%) 4 (1%) 5 (2%) 23 (7%) 2 (1%)	11 (79%) --- --- 1 (7%) 2 (14%) ---	36 (82%) --- 1 (2%) --- 7 (16%) ---	15 (83%) --- --- 1 (6%) 1 (6%) 1 (6%)	8 (89%) --- --- 1 (11%) --- ---	---	37 (90%) --- 1 (2%) 1 (2%) 1 (2%) 1 (2%)
³ Heroin users were defined as patients who reported (a) heroin as their primary substance of abuse at treatment admission or (b) prescription methadone as primary substance and heroin as secondary substance at admission.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 7 of 28	
	All Patients (Statewide)		Alcohol/Drug Network		Central WA Comp. Mental Health		WCHS - Federal Way	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	16	51	20	10	0	44
TREATMENT CHARACTERISTICS								
Funding Source								
• Public only	550 (92%)	---	16 (100%)	---	20 (100%)	---	---	---
• Mixed (public/private)	50 (8%)	---	---	---	---	---	---	---
• Private only	---	362 (100%)	---	51 (100%)	---	10 (100%)	---	44 (100%)
Length of Treatment (Days ⁴)								
• Mean	436.1 (14.3)	375.8 (12.3)	557.3 (18.3)	269.3 (8.8)	141.4 (4.6)	244.9 (8.0)	---	482.9 (15.9)
• Median	223 (7.3)	178 (5.8)	229.5 (7.5)	154 (5.1)	107.5 (3.5)	121 (4.0)	---	222.5 (7.3)
• Range	1-5,259 (0.0-172.8)	1-5,413 (0.0-177.8)	1-2,915 (0.0 – 95.8)	1-1,057 (0.0-34.7)	8-563 (0.3-18.5)	3-997 (0.1-32.8)	---	31-3,768 (1.0-123.8)
Distribution of Length of Treatment								
• 1-30 days	26 (4%)	28 (8%)	1 (6%)	7 (14%)	3 (15%)	3 (30%)	---	---
• 31-90 days	76 (13%)	66 (18%)	3 (19%)	9 (18%)	6 (30%)	1 (10%)	---	10 (23%)
• 91-364 days	307 (51%)	168 (46%)	6 (38%)	20 (39%)	10 (50%)	4 (40%)	---	16 (36%)
• 1 year to 3 years	139 (23%)	73 (20%)	3 (19%)	15 (29%)	1 (5%)	2 (20%)	---	13 (30%)
• Over 3 years	52 (9%)	27 (7%)	3 (19%)	---	---	---	---	5 (11%)
⁴ Corresponding number of months is noted in parentheses.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 8 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
PATIENT CHARACTERISTICS (at admission)								
Age								
• Mean	39.5	38.9	39.3	37.2	41.1	40.9	43.0	42.8
• Median	41	39.5	41	37.5	42	43	44	42.5
• Range	15-69	18-63	19-61	20-51	18-64	18-63	21-56	37-49
Gender								
• Male	291 (49%)	241 (67%)	28 (36%)	15 (58%)	61 (53%)	42 (71%)	37 (67%)	3 (50%)
• Female	309 (52%)	121 (33%)	49 (64%)	11 (42%)	54 (47%)	17 (29%)	18 (33%)	3 (50%)
Patient with Children Under Age18 Living in Patient's Home ¹								
• Yes	109 (18%)	56 (15%)	16 (21%)	3 (12%)	24 (21%)	5 (8%)	4 (7%)	4 (67%)
• No	491 (82%)	306 (85%)	61 (79%)	23 (88%)	91 (79%)	54 (92%)	51 (93%)	2 (33%)
Patient with Children Under Age18 ²								
• Yes	240 (40%)	144 (40%)	34 (44%)	7 (27%)	58 (50%)	23 (39%)	18 (33%)	4 (67%)
• No	360 (60%)	218 (60%)	43 (56%)	19 (73%)	57 (50%)	36 (61%)	37 (67%)	2 (33%)
¹ Patient's children or other's children living in patient's home.								
² Patient's children living in patient's home or elsewhere or other's children living in patient's home								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 9 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
PATIENT CHARACTERISTICS (continued)								
Race/Ethnicity								
• White (and not Spanish/ Hispanic ethnicity)	405 (68%)	298 (82%)	59 (77%)	21 (81%)	75 (65%)	45 (76%)	33 (60%)	5 (83%)
• Black/African-American	114 (19%)	28 (8%)	13 (17%)	4 (15%)	25 (22%)	8 (14%)	16 (29%)	1 (17%)
• Native American/ Alaskan Native								
• Native American	29 (5%)	18 (5%)	1 (1%)	1 (4%)	5 (4%)	1 (2%)	1 (2%)	---
• Eskimo/Alaskan Native	1 (0%)	---	1 (1%)	---	---	---	---	---
• Spanish/Hispanic								
• Mexican/Mex. Amer./ Chicano	13 (2%)	5 (1%)	1 (1%)	---	3 (3%)	1 (2%)	1 (2%)	---
• Cuban	2 (0%)	1 (0%)	---	---	---	---	1 (2%)	---
• Puerto Rican	1 (0%)	---	---	---	---	---	---	---
• Other Spanish/ Hispanic/Latino ethnicity (unspecified)	15 (3%)	5 (1%)	1 (1%)	---	2 (2%)	4 (7%)	3 (5%)	---
• Asian/Pacific Islander								
• Laotian	5 (1%)	---	---	---	1 (1%)	---	---	---
• Chinese	1 (0%)	1 (0%)	---	---	---	---	---	---
• Filipino	1 (0%)	1 (0%)	---	---	---	---	---	---
• Cambodian	1 (0%)	---	---	---	---	---	---	---
• Hawaiian	1 (0%)	---	---	---	---	---	---	---
• Vietnamese	1 (0%)	---	---	---	1 (1%)	---	---	---
• Other Asian/Pacific Islander (unspecified)	1 (0%)	1 (0%)	---	---	---	---	---	---
• Other race (unspecified)	9 (2%)	3 (1%)	1 (1%)	---	3 (3%)	---	---	---
• Refused to answer	---	1 (0%)	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 10 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
ABUSED SUBSTANCES (at admission)								
Primary Substance								
• Heroin	571 (95%)	329 (91%)	77 (100%)	25 (96%)	114 (99%)	59 (100%)	54 (98%)	6 (100%)
• Opiates/synthetics other than heroin/opiate substitute	13 (2%)	21 (6%)	---	---	1 (1%)	---	---	---
• Prescribed opiate substitute	6 (1%)	8 (2%)	---	---	---	---	1 (2%)	---
• Cocaine	6 (1%)	---	---	---	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	1 (4%)	---	---	---	---
• Alcohol	2 (0%)	1 (0%)	---	---	---	---	---	---
• Marijuana	1 (0%)	---	---	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 11 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
ABUSED SUBSTANCES (continued)								
Secondary Substance								
• Cocaine	337 (56%)	124 (34%)	44 (57%)	12 (46%)	69 (60%)	26 (44%)	29 (53%)	4 (67%)
• Alcohol	89 (15%)	65 (18%)	14 (18%)	6 (23%)	13 (11%)	12 (20%)	7 (13%)	---
• Tobacco	56 (9%)	46 (13%)	5 (6%)	3 (12%)	9 (8%)	5 (8%)	9 (16%)	---
• Opiates/synthetics other than heroin/ opiate substitute	24 (4%)	37 (10%)	3 (4%)	3 (12%)	3 (3%)	4 (7%)	4 (7%)	1 (17%)
• Marijuana	27 (5%)	30 (8%)	5 (6%)	1 (4%)	6 (5%)	8 (14%)	2 (4%)	1 (17%)
• Benzodiazepines/ barbiturates/sedatives	25 (4%)	11 (3%)	3 (4%)	1 (4%)	9 (8%)	1 (2%)	1 (2%)	---
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	10 (3%)	2 (3%)	---	4 (3%)	---	---	---
• Heroin	11 (2%)	12 (3%)	---	---	---	---	---	---
• Prescribed opiate substitute	3 (1%)	12 (3%)	---	---	---	1 (2%)	1 (2%)	---
• Non-prescribed opiate substitute	1 (0%)	6 (2%)	---	---	---	---	---	---
• Hallucinogens	1 (0%)	---	---	---	1 (1%)	---	---	---
• Other (unspecified)	---	1 (0%)	---	---	---	---	---	---
• Substance unknown	1 (0%)	---	1 (1%)	---	---	---	---	---
• None	7 (1%)	8 (2%)	---	---	1 (1%)	2 (3%)	2 (4%)	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 12 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
ABUSED SUBSTANCES (continued)								
Tertiary Substance								
• Tobacco	231 (39%)	113 (31%)	26 (34%)	9 (35%)	54 (47%)	22 (37%)	26 (47%)	2 (33%)
• Alcohol	128 (21%)	59 (16%)	16 (21%)	5 (19%)	19 (17%)	10 (17%)	7 (13%)	1 (17%)
• Cocaine	68 (11%)	39 (11%)	14 (18%)	---	12 (10%)	7 (12%)	4 (7%)	---
• Marijuana	37 (6%)	31 (9%)	5 (6%)	3 (12%)	9 (8%)	3 (5%)	---	2 (33%)
• Benzodiazepines/ barbiturates/sedatives	28 (5%)	16 (4%)	5 (6%)	1 (4%)	4 (3%)	1 (2%)	2 (4%)	---
• Opiates/synthetics other than heroin/ opiate substitute	13 (2%)	23 (6%)	2 (3%)	4 (15%)	2 (2%)	2 (3%)	2 (4%)	---
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	12 (3%)	3 (4%)	1 (4%)	4 (3%)	4 (7%)	1 (2%)	---
• Prescribed opiate substitute	7 (1%)	7 (2%)	---	1 (4%)	---	---	---	---
• Heroin	2 (0%)	2 (1%)	---	---	---	---	1 (2%)	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	---	1 (1%)	---	---	---
• Hallucinogens	2 (0%)	---	1 (1%)	---	---	---	---	---
• Over the Counter	---	1 (0%)	---	---	---	---	---	---
• Other (unspecified)	4 (1%)	---	1 (1%)	---	2 (2%)	---	---	---
• Substance unknown	1 (0%)	1 (0%)	---	---	---	---	---	---
• None	60 (10%)	55 (15%)	4 (5%)	2 (8%)	8 (7%)	10 (17%)	12 (22%)	1 (17%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 13 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
SUBSTANCE ABUSE (Heroin Users Only³)	(n=574)	(n=333)	(n=77)	(n=25)	(n=114)	(n=59)	(n=54)	(n=6)
Age at First Heroin Use (in years) • Mean • Median • Range	23.5 21 10-53 (n=571)	23.6 22 12-51 (n=329)	23.2 21 13-45 (n=77)	23.2 22 15-41 (n=25)	24.4 24.5 11-45 (n=114)	24.0 22 13-45 (n=59)	24.5 21.5 11-52 (n=54)	25.8 26 17-34 (n=6)
Frequency of Heroin Use at Admission • Daily • 3-6 times per week • 1-2 times per week • 1-3 times in past month • No use in past month • Unknown	458 (80%) 10 (2%) 9 (2%) 35 (6%) 46 (8%) 16 (3%)	296 (89%) 3 (1%) 4 (1%) 5 (2%) 23 (7%) 2 (1%)	63 (82%) 3 (4%) --- 5 (6%) 4 (5%) 2 (3%)	19 (76%) 2 (8%) --- 2 (8%) 2 (8%) ---	96 (84%) 4 (4%) 4 (4%) 5 (4%) 3 (3%) 2 (2%)	54 (92%) 1 (2%) 2 (3%) 1 (2%) --- 1 (2%)	7 (13%) 1 (2%) 5 (9%) 16 (30%) 20 (37%) 5 (9%)	--- --- --- --- 6 (100%) ---
³ Heroin users were defined as patients who reported (a) heroin as their primary substance of abuse at treatment admission or (b) prescription methadone as primary substance and heroin as secondary substance at admission.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source)							Page 14 of 28	
	All Patients (Statewide)		Evergreen Tx Services - Primary Unit		Evergreen Tx Services - Unit 2		Evergreen Tx Services - Unit 3 (Mobile)	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	77	26	115	59	55	6
TREATMENT CHARACTERISTICS								
Funding Source								
• Public only	550 (92%)	---	68 (88%)	---	103 (90%)	---	53 (96%)	---
• Mixed (public/private)	50 (8%)	---	9 (12%)	---	12 (10%)	---	2 (4%)	---
• Private only	---	362 (100%)	---	26 (100%)	---	59 (100%)	---	6 (100%)
Length of Treatment (Days ⁴)								
• Mean	436.1 (14.3)	375.8 (12.3)	591.6 (19.4)	504.4 (16.6)	291.7 (9.6)	257.6 (8.5)	262.6 (8.6)	485.3 (15.9)
• Median	223 (7.3)	178 (5.8)	294 (9.7)	314 (10.3)	180 (5.9)	165 (5.4)	184 (6.0)	597.5 (19.6)
• Range	1-5,259 (0.0-172.8)	1-5,413 (0.0-177.8)	21-5,259 (0.7-172.8)	4-2,665 (0.1-87.6)	4-1,709 (0.1-56.1)	6-1,801 (0.2-59.2)	22-698 (0.7-22.9)	146-711 (4.8-23.4)
Distribution of Length of Treatment								
• 1-30 days	26 (4%)	28 (8%)	2 (3%)	2 (8%)	3 (3%)	3 (5%)	1 (2%)	---
• 31-90 days	76 (13%)	66 (18%)	6 (8%)	2 (8%)	20 (17%)	13 (22%)	7 (13%)	---
• 91-364 days	307 (51%)	168 (46%)	35 (45%)	12 (46%)	67 (58%)	30 (51%)	32 (58%)	2 (33%)
• 1 year to 3 years	139 (23%)	73 (20%)	24 (31%)	7 (27%)	20 (17%)	11 (19%)	15 (27%)	4 (67%)
• Over 3 years	52 (9%)	27 (7%)	10 (13%)	3 (12%)	5 (4%)	2 (3%)	---	---
⁴ Corresponding number of months is noted in parentheses.								

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 15 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
PATIENT CHARACTERISTICS (at admission)						
Age						
• Mean	39.5	38.9	39.4	43.6	37.8	37.6
• Median	41	39.5	39	42.5	39	39
• Range	15-69	18-63	23-62	37-52	31-43	28-46
Gender						
• Male	291 (49%)	241 (67%)	6 (33%)	6 (75%)	2 (33%)	5 (71%)
• Female	309 (52%)	121 (33%)	12 (67%)	2 (25%)	4 (67%)	2 (29%)
Patient with Children Under Age18 Living in Patient's Home ¹						
• Yes	109 (18%)	56 (15%)	8 (44%)	---	---	1 (14%)
• No	491 (82%)	306 (85%)	10 (56%)	8 (100%)	6 (100%)	6 (86%)
Patient with Children Under Age18 ²						
• Yes	240 (40%)	144 (40%)	10 (56%)	4 (50%)	3 (50%)	4 (57%)
• No	360 (60%)	218 (60%)	8 (44%)	4 (50%)	3 (50%)	3 (43%)
¹ Patient's children or other's children living in patient's home.						
² Patient's children living in patient's home or elsewhere or other's children living in patient's home						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 16 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
PATIENT CHARACTERISTICS (continued)						
Race/Ethnicity						
• White (and not Spanish/ Hispanic ethnicity)	405 (68%)	298 (82%)	13 (72%)	6 (75%)	5 (83%)	3 (43%)
• Black/African-American	114 (19%)	28 (8%)	3 (17%)	---	1 (17%)	---
• Native American/ Alaskan Native						
• Native American	29 (5%)	18 (5%)	---	2 (25%)	---	2 (29%)
• Eskimo/Alaskan Native	1 (0%)	---	---	---	---	---
• Spanish/Hispanic						
• Mexican/Mex. Amer./ Chicano	13 (2%)	5 (1%)	1 (6%)	---	---	---
• Cuban	2 (0%)	1 (0%)	---	---	---	---
• Puerto Rican	1 (0%)	---	---	---	---	---
• Other Spanish/ Hispanic/Latino ethnicity (unspecified)	15 (3%)	5 (1%)	---	---	---	---
• Asian/Pacific Islander						
• Laotian	5 (1%)	---	1 (6%)	---	---	---
• Chinese	1 (0%)	1 (0%)	---	---	---	---
• Filipino	1 (0%)	1 (0%)	---	---	---	---
• Cambodian	1 (0%)	---	---	---	---	---
• Hawaiian	1 (0%)	---	---	---	---	---
• Vietnamese	1 (0%)	---	---	---	---	---
• Other Asian/Pacific Islander (unspecified)	1 (0%)	1 (0%)	---	---	---	1 (14%)
• Other race (unspecified)	9 (2%)	3 (1%)	---	---	---	1 (14%)
• Refused to answer	---	1 (0%)	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 17 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
ABUSED SUBSTANCES (at admission)						
Primary Substance						
• Heroin	571 (95%)	329 (91%)	18 (100%)	8 (100%)	6 (100%)	7 (100%)
• Opiates/synthetics other than heroin/opiate substitute	13 (2%)	21 (6%)	---	---	---	---
• Prescribed opiate substitute	6 (1%)	8 (2%)	---	---	---	---
• Cocaine	6 (1%)	---	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	---	---	---
• Alcohol	2 (0%)	1 (0%)	---	---	---	---
• Marijuana	1 (0%)	---	---	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 18 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
ABUSED SUBSTANCES (continued)						
Secondary Substance						
• Cocaine	337 (56%)	124 (34%)	7 (39%)	1 (13%)	3 (50%)	2 (29%)
• Alcohol	89 (15%)	65 (18%)	4 (22%)	2 (25%)	1 (17%)	1 (14%)
• Tobacco	56 (9%)	46 (13%)	1 (6%)	1 (13%)	---	1 (14%)
• Opiates/synthetics other than heroin/ opiate substitute	24 (4%)	37 (10%)	2 (11%)	1 (13%)	---	1 (14%)
• Marijuana	27 (5%)	30 (8%)	3 (17%)	1 (13%)	---	---
• Benzodiazepines/ barbiturates/sedatives	25 (4%)	11 (3%)	---	---	---	---
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	10 (3%)	1 (6%)	1 (13%)	1 (17%)	1 (14%)
• Heroin	11 (2%)	12 (3%)	---	---	---	---
• Prescribed opiate substitute	3 (1%)	12 (3%)	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	6 (2%)	---	---	---	---
• Hallucinogens	1 (0%)	---	---	---	---	---
• Other (unspecified)	---	1 (0%)	---	---	---	---
• Substance unknown	1 (0%)	---	---	---	---	---
• None	7 (1%)	8 (2%)	---	1 (13%)	1 (17%)	1 (14%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 19 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
ABUSED SUBSTANCES (continued)						
Tertiary Substance						
• Tobacco	231 (39%)	113 (31%)	3 (17%)	3 (38%)	1 (17%)	---
• Alcohol	128 (21%)	59 (16%)	8 (44%)	1 (13%)	1 (17%)	2 (29%)
• Cocaine	68 (11%)	39 (11%)	1 (6%)	1 (13%)	---	1 (14%)
• Marijuana	37 (6%)	31 (9%)	4 (22%)	1 (13%)	---	---
• Benzodiazepines/ barbiturates/sedatives	28 (5%)	16 (4%)	---	---	1 (17%)	---
• Opiates/synthetics other than heroin/ opiate substitute	13 (2%)	23 (6%)	---	---	---	2 (29%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	12 (3%)	1 (6%)	---	1 (17%)	---
• Prescribed opiate substitute	7 (1%)	7 (2%)	1 (6%)	---	---	---
• Heroin	2 (0%)	2 (1%)	---	---	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	---	---	---
• Hallucinogens	2 (0%)	---	---	---	---	---
• Over the Counter	---	1 (0%)	---	---	---	---
• Other (unspecified)	4 (1%)	---	---	---	1 (17%)	---
• Substance unknown	1 (0%)	1 (0%)	---	---	---	1 (14%)
• None	60 (10%)	55 (15%)	---	2 (25%)	1 (17%)	1 (14%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 20 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
SUBSTANCE ABUSE (Heroin Users Only ³)	(n=574)	(n=333)	(n=18)	(n=8)	(n=6)	(n=7)
Age at First Heroin Use (in years) • Mean • Median • Range	23.5 21 10-53 (n=571)	23.6 22 12-51 (n=329)	26.1 22.5 14-46 (n=18)	23.6 23.5 13-33 (n=8)	23.5 23 16-32 (n=6)	23.3 21 16-41 (n=7)
Frequency of Heroin Use at Admission • Daily • 3-6 times per week • 1-2 times per week • 1-3 times in past month • No use in past month • Unknown	458 (80%) 10 (2%) 9 (2%) 35 (6%) 46 (8%) 16 (3%)	296 (89%) 3 (1%) 4 (1%) 5 (2%) 23 (7%) 2 (1%)	14 (78%) --- --- 4 (22%) ---	7 (88%) --- --- 1 (13%) ---	6 (100%) --- --- --- ---	7 (100%) --- --- --- ---
³ Heroin users were defined as patients who reported (a) heroin as their primary substance of abuse at treatment admission or (b) prescription methadone as primary substance and heroin as secondary substance at admission.						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 21 of 28						
	All Patients (Statewide)		Tacoma - Pierce Co. Methadone Maintenance		Upper Tacoma Treatment Services	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	18	8	6	7
TREATMENT CHARACTERISTICS						
Funding Source						
• Public only	550 (92%)	---	18 (100%)	---	6 (100%)	---
• Mixed (public/private)	50 (8%)	---	---	---	---	---
• Private only	---	362 (100%)	---	8 (100%)	---	7 (100%)
Length of Treatment (Days ⁴)						
• Mean	436.1 (14.3)	375.8 (12.3)	486.4 (16.0)	782.5 (25.7)	710.7 (23.3)	673.1 (22.1)
• Median	223 (7.3)	178 (5.8)	180 (5.9)	380 (12.5)	323.5 (10.6)	354 (11.6)
• Range	1-5,259 (0.0-172.8)	1-5,413 (0.0-177.8)	65-3,890 (2.1-127.8)	138-3,754 (4.5-123.3)	294-2,589 (9.7-85.1)	168-2,257 (5.5-74.2)
Distribution of Length of Treatment						
• 1-30 days	26 (4%)	28 (8%)	---	---	---	---
• 31-90 days	76 (13%)	66 (18%)	2 (11%)	---	---	---
• 91-364 days	307 (51%)	168 (46%)	14 (78%)	4 (50%)	4 (67%)	5 (71%)
• 1 year to 3 years	139 (23%)	73 (20%)	---	3 (38%)	1 (17%)	1 (14%)
• Over 3 years	52 (9%)	27 (7%)	2 (11%)	1 (13%)	1 (17%)	1 (14%)
⁴ Corresponding number of months is noted in parentheses.						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 22 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
PATIENT CHARACTERISTICS (at admission)						
Age						
• Mean	39.5	38.9	38.6	38.5	39.0	37.7
• Median	41	39.5	39	38	40	39
• Range	15-69	18-63	22-58	24-56	15-69	19-58
Gender						
• Male	291 (49%)	241 (67%)	53 (51%)	51 (74%)	87 (46%)	56 (68%)
• Female	309 (52%)	121 (33%)	51 (49%)	18 (26%)	102 (54%)	26 (32%)
Patient with Children Under Age18 Living in Patient's Home ¹						
• Yes	109 (18%)	56 (15%)	27 (26%)	11 (16%)	20 (11%)	9 (11%)
• No	491 (82%)	306 (85%)	77 (74%)	58 (84%)	169 (89%)	73 (89%)
Patient with Children Under Age18 ²						
• Yes	240 (40%)	144 (40%)	53 (51%)	26 (38%)	41 (22%)	15 (18%)
• No	360 (60%)	218 (60%)	51 (49%)	43 (62%)	148 (78%)	67 (82%)
¹ Patient's children or other's children living in patient's home.						
² Patient's children living in patient's home or elsewhere or other's children living in patient's home						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 23 of 28

	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
PATIENT CHARACTERISTICS (continued)						
Race/Ethnicity						
• White (and not Spanish/ Hispanic ethnicity)	405 (68%)	298 (82%)	82 (79%)	65 (94%)	109 (58%)	66 (80%)
• Black/African-American	114 (19%)	28 (8%)	6 (6%)	1 (1%)	49 (26%)	8 (10%)
• Native American/ Alaskan Native						
• Native American	29 (5%)	18 (5%)	7 (7%)	---	14 (7%)	3 (4%)
• Eskimo/Alaskan Native	1 (0%)	---	---	---	---	---
• Spanish/Hispanic						
• Mexican/Mex. Amer./ Chicano	13 (2%)	5 (1%)	1 (1%)	1 (1%)	4 (2%)	2 (2%)
• Cuban	2 (0%)	1 (0%)	---	---	1 (1%)	1 (1%)
• Puerto Rican	1 (0%)	---	---	---	1 (1%)	---
• Other Spanish/ Hispanic/Latino ethnicity (unspecified)	15 (3%)	5 (1%)	4 (4%)	---	3 (2%)	---
• Asian/Pacific Islander						
• Laotian	5 (1%)	---	---	---	3 (2%)	---
• Chinese	1 (0%)	1 (0%)	---	1 (1%)	1 (1%)	---
• Filipino	1 (0%)	1 (0%)	---	---	---	1 (1%)
• Cambodian	1 (0%)	---	---	---	1 (1%)	---
• Hawaiian	1 (0%)	---	---	---	1 (1%)	---
• Vietnamese	1 (0%)	---	---	---	---	---
• Other Asian/Pacific Islander (unspecified)	1 (0%)	1 (0%)	---	---	1 (1%)	---
• Other race (unspecified)	9 (2%)	3 (1%)	4 (4%)	1 (1%)	1 (1%)	---
• Refused to answer	---	1 (0%)	---	---	---	1 (1%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 24 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
ABUSED SUBSTANCES (at admission)						
Primary Substance						
• Heroin	571 (95%)	329 (91%)	97 (93%)	59 (86%)	173 (92%)	72 (88%)
• Opiates/synthetics other than heroin/opiate substitute	13 (2%)	21 (6%)	4 (4%)	7 (10%)	5 (3%)	7 (9%)
• Prescribed opiate substitute	6 (1%)	8 (2%)	2 (2%)	2 (3%)	3 (2%)	2 (2%)
• Cocaine	6 (1%)	---	---	---	6 (3%)	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	1 (1%)	---	1 (1%)
• Alcohol	2 (0%)	1 (0%)	---	---	2 (1%)	---
• Marijuana	1 (0%)	---	1 (1%)	---	---	---

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 25 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
ABUSED SUBSTANCES (continued)						
Secondary Substance						
• Cocaine	337 (56%)	124 (34%)	47 (45%)	20 (29%)	122 (65%)	36 (44%)
• Alcohol	89 (15%)	65 (18%)	24 (23%)	18 (26%)	24 (13%)	11 (13%)
• Tobacco	56 (9%)	46 (13%)	16 (15%)	7 (10%)	14 (7%)	12 (15%)
• Opiates/synthetics other than heroin/ opiate substitute	24 (4%)	37 (10%)	5 (5%)	8 (12%)	2 (1%)	1 (1%)
• Marijuana	27 (5%)	30 (8%)	5 (5%)	7 (10%)	2 (1%)	7 (9%)
• Benzodiazepines/ barbiturates/sedatives	25 (4%)	11 (3%)	1 (1%)	2 (3%)	5 (3%)	2 (2%)
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	10 (3%)	3 (3%)	1 (1%)	6 (3%)	4 (5%)
• Heroin	11 (2%)	12 (3%)	2 (2%)	2 (3%)	9 (5%)	5 (6%)
• Prescribed opiate substitute	3 (1%)	12 (3%)	1 (1%)	1 (1%)	1 (1%)	1 (1%)
• Non-prescribed opiate substitute	1 (0%)	6 (2%)	---	1 (1%)	1 (1%)	---
• Hallucinogens	1 (0%)	---	---	---	---	---
• Other (unspecified)	---	1 (0%)	---	1 (1%)	---	---
• Substance unknown	1 (0%)	---	---	---	---	---
• None	7 (1%)	8 (2%)	---	1 (1%)	3 (2%)	3 (4%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 26 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
ABUSED SUBSTANCES (continued)						
Tertiary Substance						
• Tobacco	231 (39%)	113 (31%)	37 (36%)	25 (36%)	71 (38%)	27 (33%)
• Alcohol	128 (21%)	59 (16%)	23 (22%)	13 (19%)	53 (28%)	20 (24%)
• Cocaine	68 (11%)	39 (11%)	16 (15%)	8 (12%)	19 (10%)	6 (7%)
• Marijuana	37 (6%)	31 (9%)	4 (4%)	4 (6%)	10 (5%)	5 (6%)
• Benzodiazepines/ barbiturates/sedatives	28 (5%)	16 (4%)	5 (5%)	---	6 (3%)	2 (2%)
• Opiates/synthetics other than heroin/ opiate substitute	13 (2%)	23 (6%)	5 (5%)	3 (4%)	---	---
• Amphetamines/ methamphetamine/ stimulants	18 (3%)	12 (3%)	---	1 (1%)	4 (2%)	1 (1%)
• Prescribed opiate substitute	7 (1%)	7 (2%)	4 (4%)	---	---	---
• Heroin	2 (0%)	2 (1%)	1 (1%)	1 (1%)	---	---
• Non-prescribed opiate substitute	1 (0%)	3 (1%)	---	1 (1%)	---	---
• Hallucinogens	2 (0%)	---	---	---	---	---
• Over the Counter	---	1 (0%)	---	---	---	---
• Other (unspecified)	4 (1%)	---	---	---	---	---
• Substance unknown	1 (0%)	1 (0%)	---	---	1 (1%)	---
• None	60 (10%)	55 (15%)	9 (9%)	13 (19%)	25 (13%)	21 (26%)

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 27 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
SUBSTANCE ABUSE (Heroin Users Only³)	(n=574)	(n=333)	(n=97)	(n=60)	(n=176)	(n=74)
Age at First Heroin Use (in years) • Mean • Median • Range	23.5 21 10-53 (n=571)	23.6 22 12-51 (n=329)	25.0 23 14-45	26.2 25 12-50 (n=59)	21.9 19 10-51 (n=173)	23.1 20 12-51 (n=72)
Frequency of Heroin Use at Admission • Daily • 3-6 times per week • 1-2 times per week • 1-3 times in past month • No use in past month • Unknown	458 (80%) 10 (2%) 9 (2%) 35 (6%) 46 (8%) 16 (3%)	296 (89%) 3 (1%) 4 (1%) 5 (2%) 23 (7%) 2 (1%)	88 (91%) 1 (1%) --- 2 (2%) 5 (5%) 1 (1%)	56 (93%) --- --- --- 4 (7%) ---	158 (90%) 1 (1%) --- 5 (3%) 7 (4%) 5 (3%)	72 (97%) --- --- --- 2 (3%) ---
³ Heroin users were defined as patients who reported (a) heroin as their primary substance of abuse at treatment admission or (b) prescription methadone as primary substance and heroin as secondary substance at admission.						

Table 3. Distribution of Patient/Treatment Characteristics (by Provider and Funding Source) Page 28 of 28						
	All Patients (Statewide)		THS – Midvale		THS – Summit	
	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients	Publicly Funded Patients	Private- Pay Patients
Number of Cases	600	362	104	69	189	82
TREATMENT CHARACTERISTICS						
Funding Source						
• Public only	550 (92%)	---	86 (83%)	---	180 (95%)	---
• Mixed (public/private)	50 (8%)	---	18 (17%)	---	9 (5%)	---
• Private only	---	362 (100%)	---	69 (100%)	---	82 (100%)
Length of Treatment (Days ⁴)						
• Mean	436.1 (14.3)	375.8 (12.3)	551.8 (18.1)	421.0 (13.8)	454.9 (14.9)	333.9 (11.0)
• Median	223 (7.3)	178 (5.8)	256 (8.4)	177 (5.8)	231 (7.6)	157.5 (5.2)
• Range	1-5,259 (0.0-172.8)	1-5,413 (0.0-177.8)	4-3,047 (0.1-100.1)	10-5,413 (0.3-177.8)	1-5,190 (0.0-170.5)	1-3,001 (0.0-98.6)
Distribution of Length of Treatment						
• 1-30 days	26 (4%)	28 (8%)	4 (4%)	2 (3%)	12 (6%)	11 (13%)
• 31-90 days	76 (13%)	66 (18%)	7 (7%)	19 (28%)	25 (13%)	12 (15%)
• 91-364 days	307 (51%)	168 (46%)	56 (54%)	33 (48%)	83 (44%)	42 (51%)
• 1 year to 3 years	139 (23%)	73 (20%)	19 (18%)	7 (10%)	56 (30%)	10 (12%)
• Over 3 years	52 (9%)	27 (7%)	18 (17%)	8 (12%)	13 (7%)	7 (9%)
⁴ Corresponding number of months is noted in parentheses.						

Alcohol/Drug Network

PROGRAM: **ALCOHOL AND DRUG NETWORK**
[SPOKANE METHADONE MAINTENANCE PROGRAM
(SMMP)]

ADDRESS: **West 1101 College Avenue**
Spokane, WA 99201

CONTACT: **Nancy Echelbarger, Administrator**
(509) 324-1420
E-mail: Nechelbarger@spokanecounty.org

The Spokane Methadone Maintenance Program (SMMP) is part of the Community Health Intervention and Prevention Services Division within the Spokane Regional Health District (SRHD). SRHD took over the delivery of opiate substitution treatment services in Spokane in 1990. SMMP offers a full array of clinical services, including: tuberculosis and sexually transmitted disease testing and treatment; vaccination of patients and their families against hepatitis A and B; HIV counseling and testing; and pregnancy testing and prevention.

SMMP currently has 223 patients, 55 of whom are funded through Medicaid, and 34 through a contract with the Veteran's Administration Hospital. The other 134 patients (60%) are private-pay. About three quarters of private-pay patients hold two near-minimum wage jobs to survive. Approximately 49% of all patients are women.

PATIENT CHARACTERISTICS:

Compared to the statewide sample of publicly funded patients, publicly funded Alcohol and Drug Network patients receiving opiate substitution treatment were:

- More likely to be female (69%);
- More likely to have children under age 18 (63%).

Private-pay patients were comparable to the statewide sample of private-pay patients.

Chart F-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001

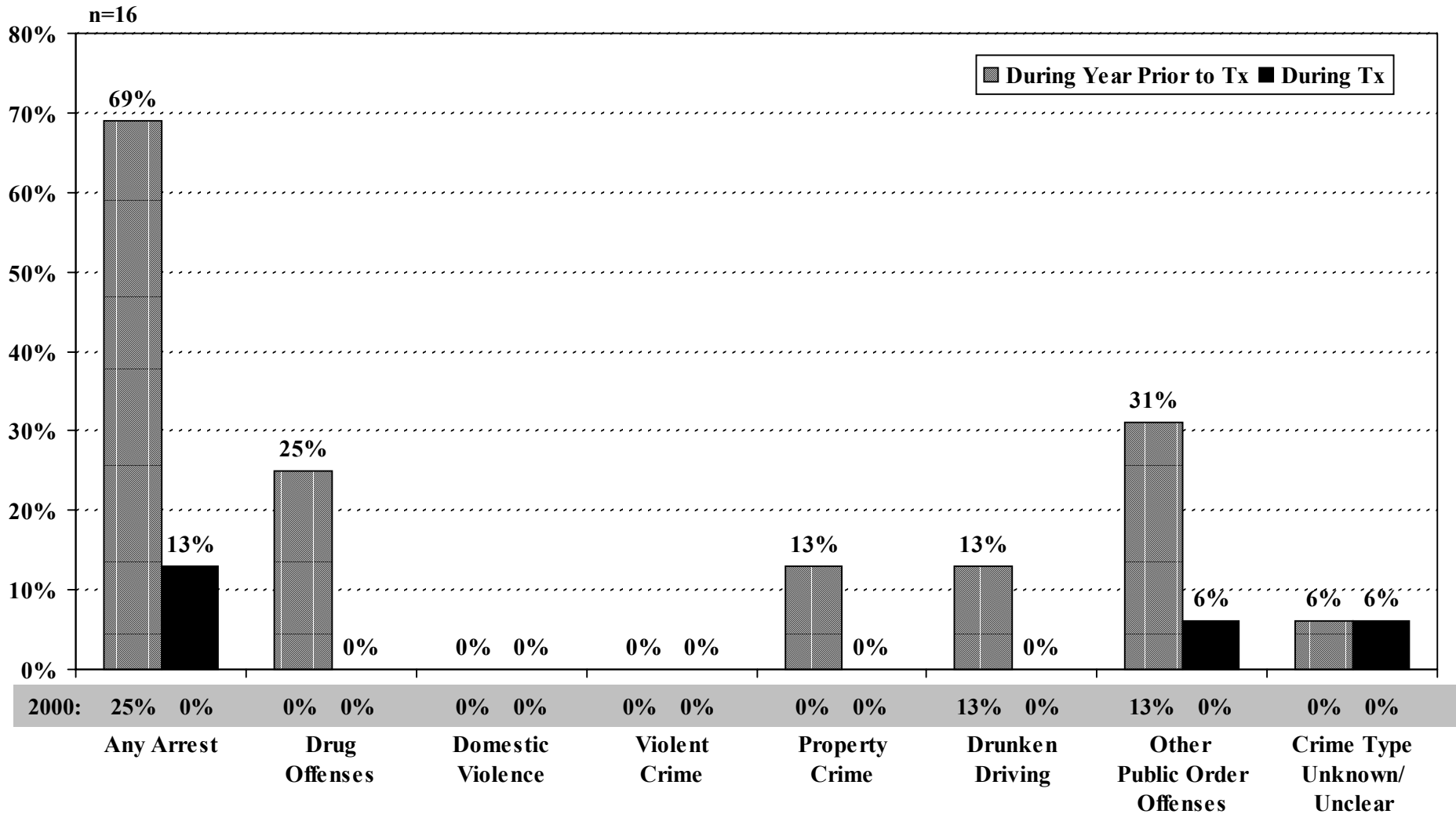


Chart F-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001

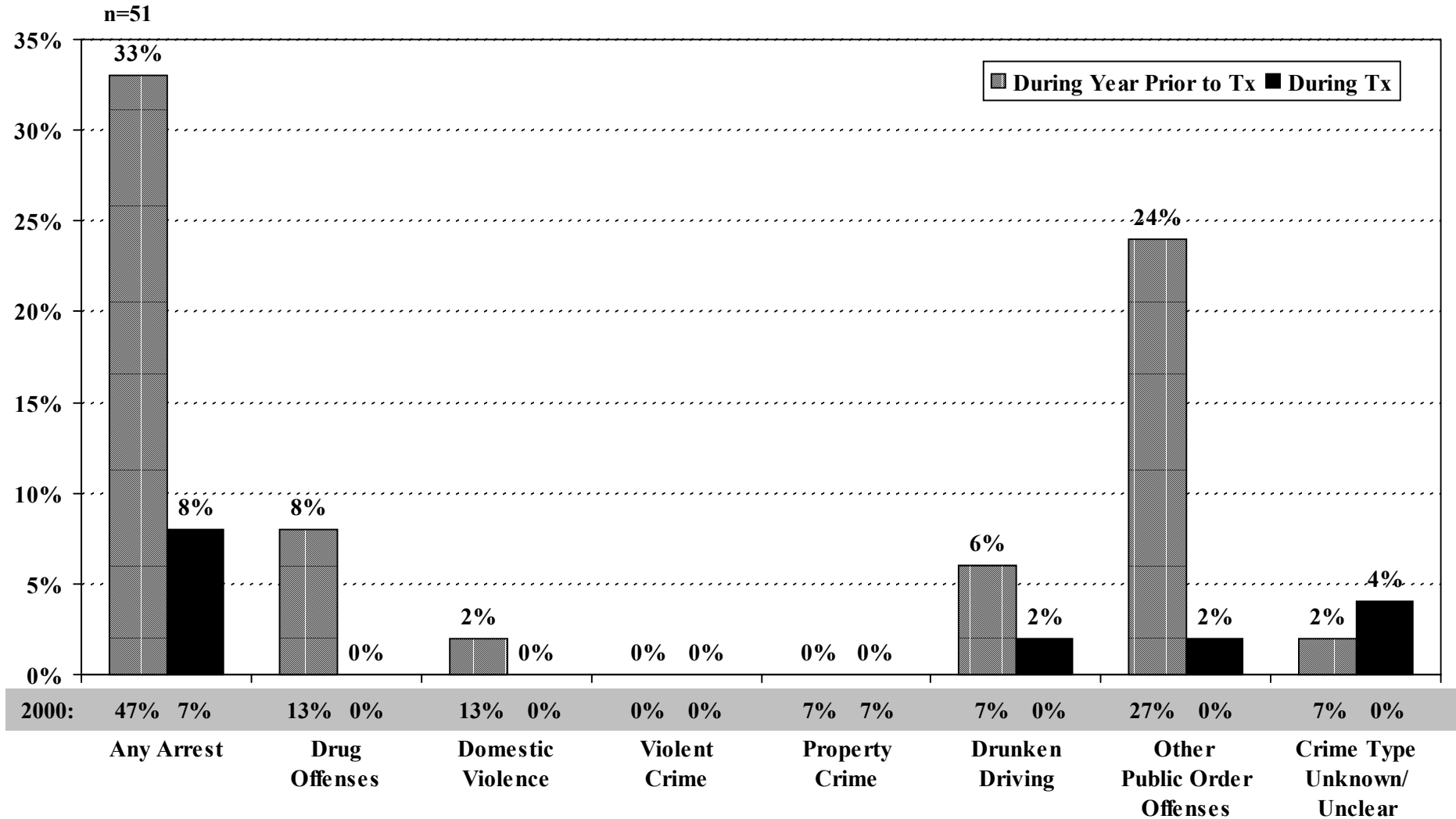


Chart F-3
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001

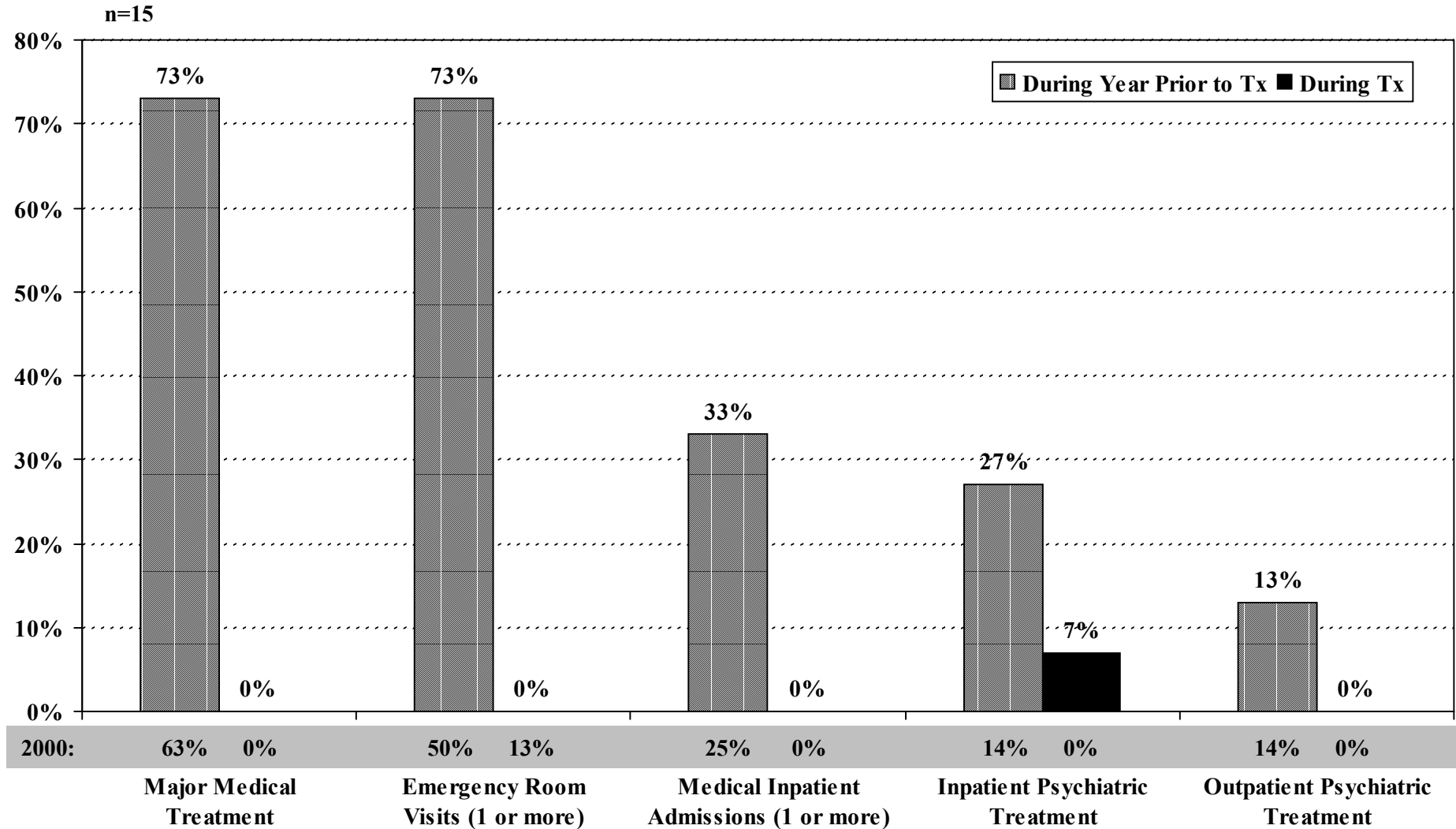


Chart F-4
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001

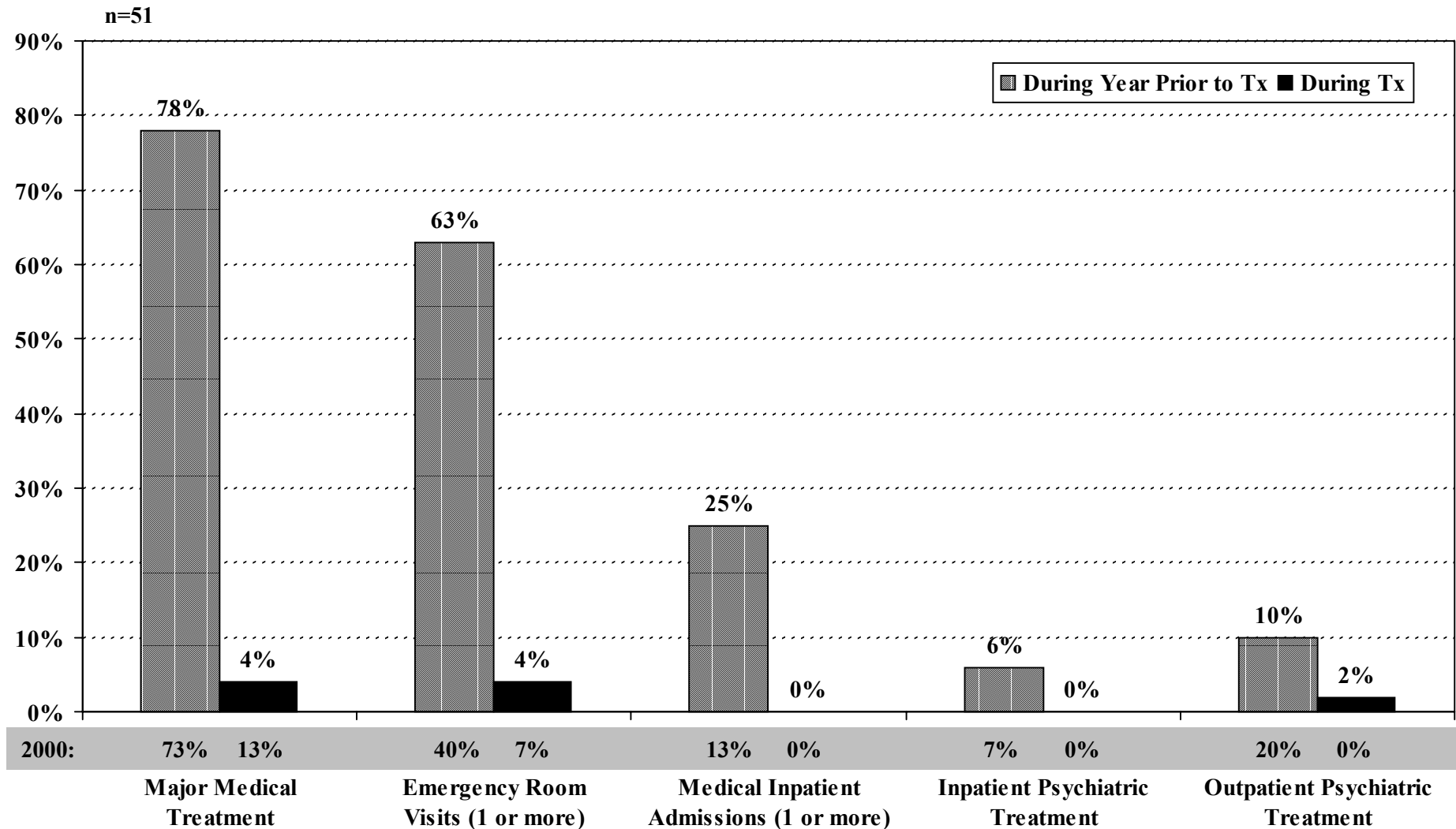


Chart F-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001**

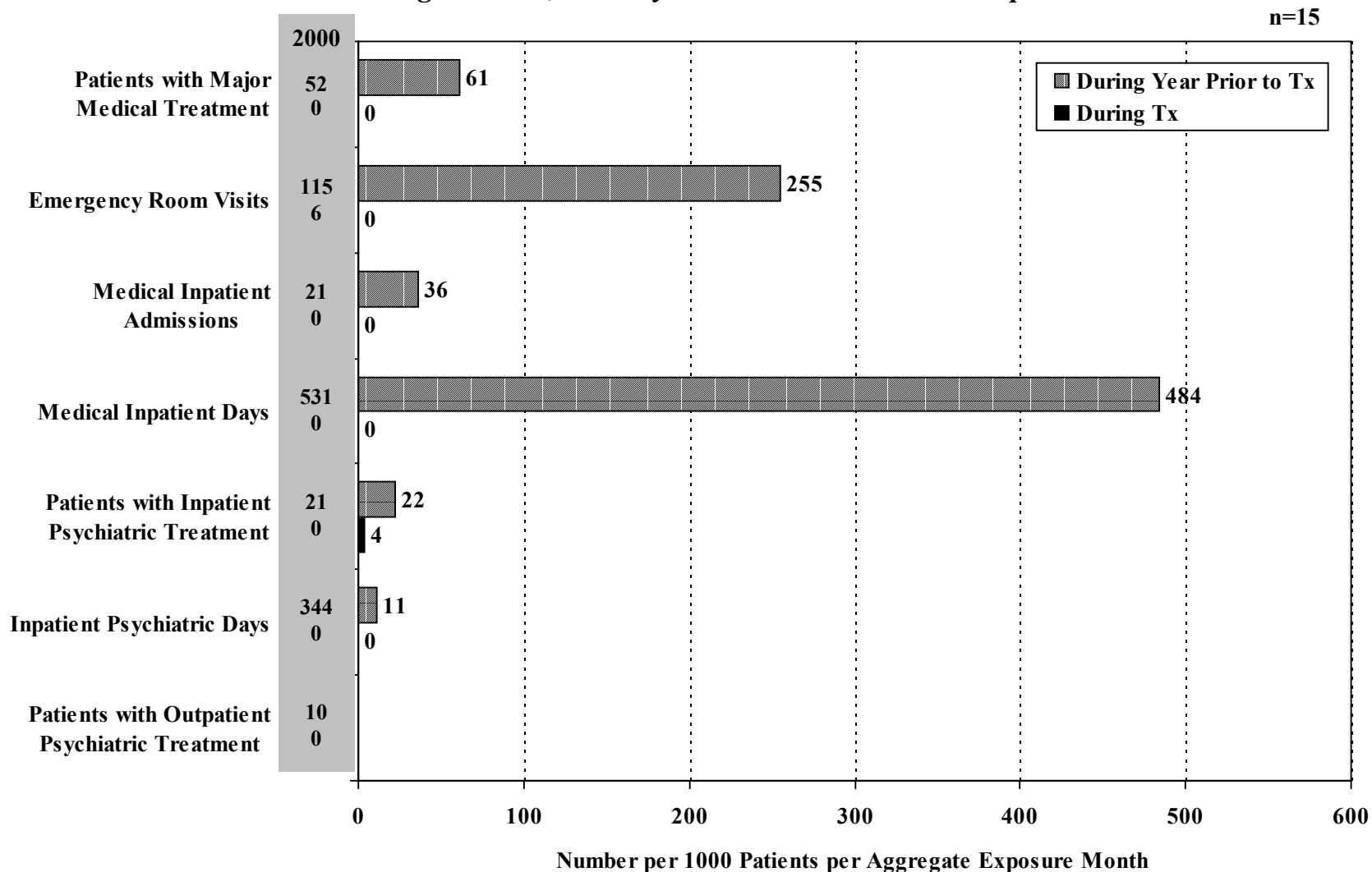


Chart F-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001**

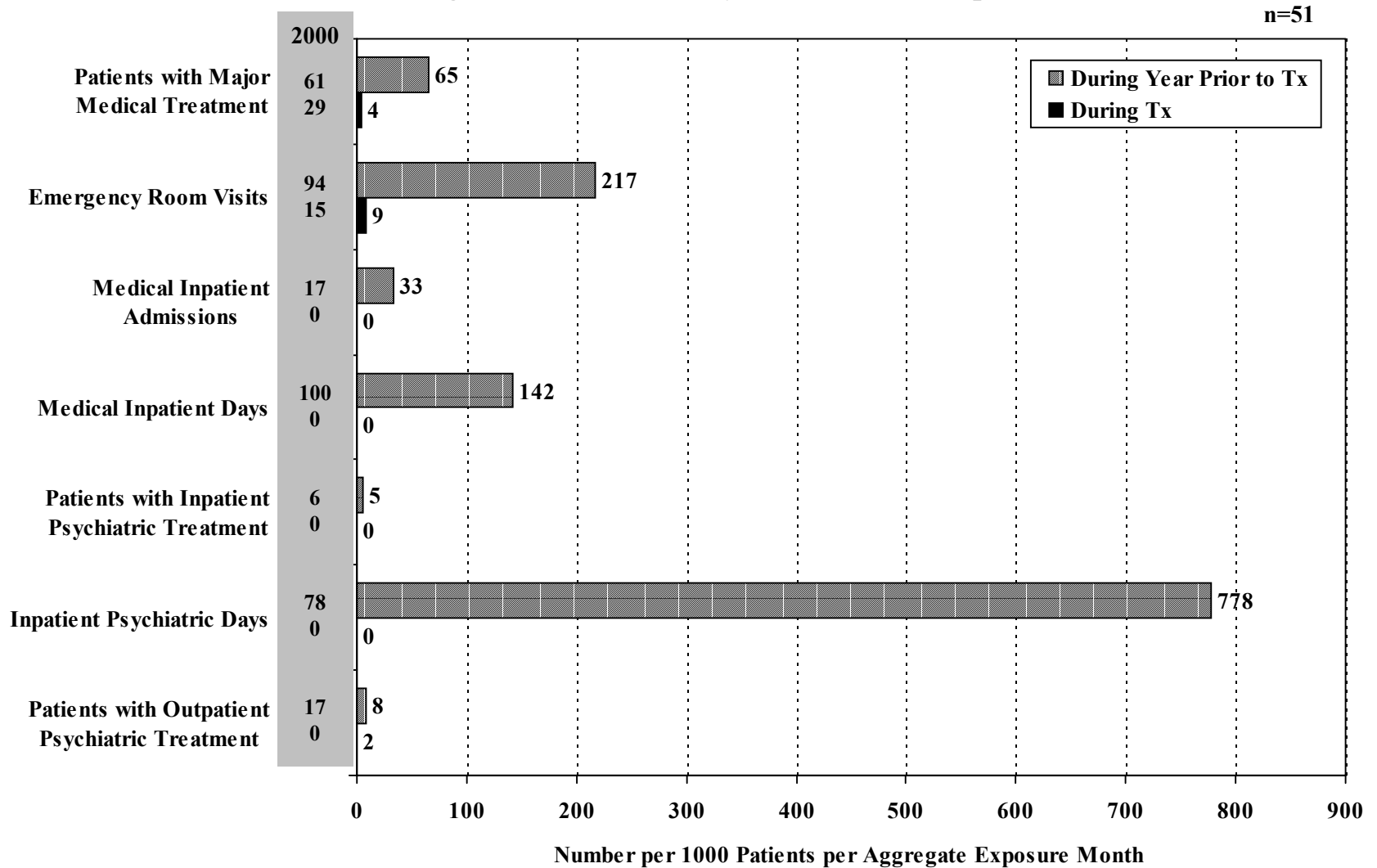
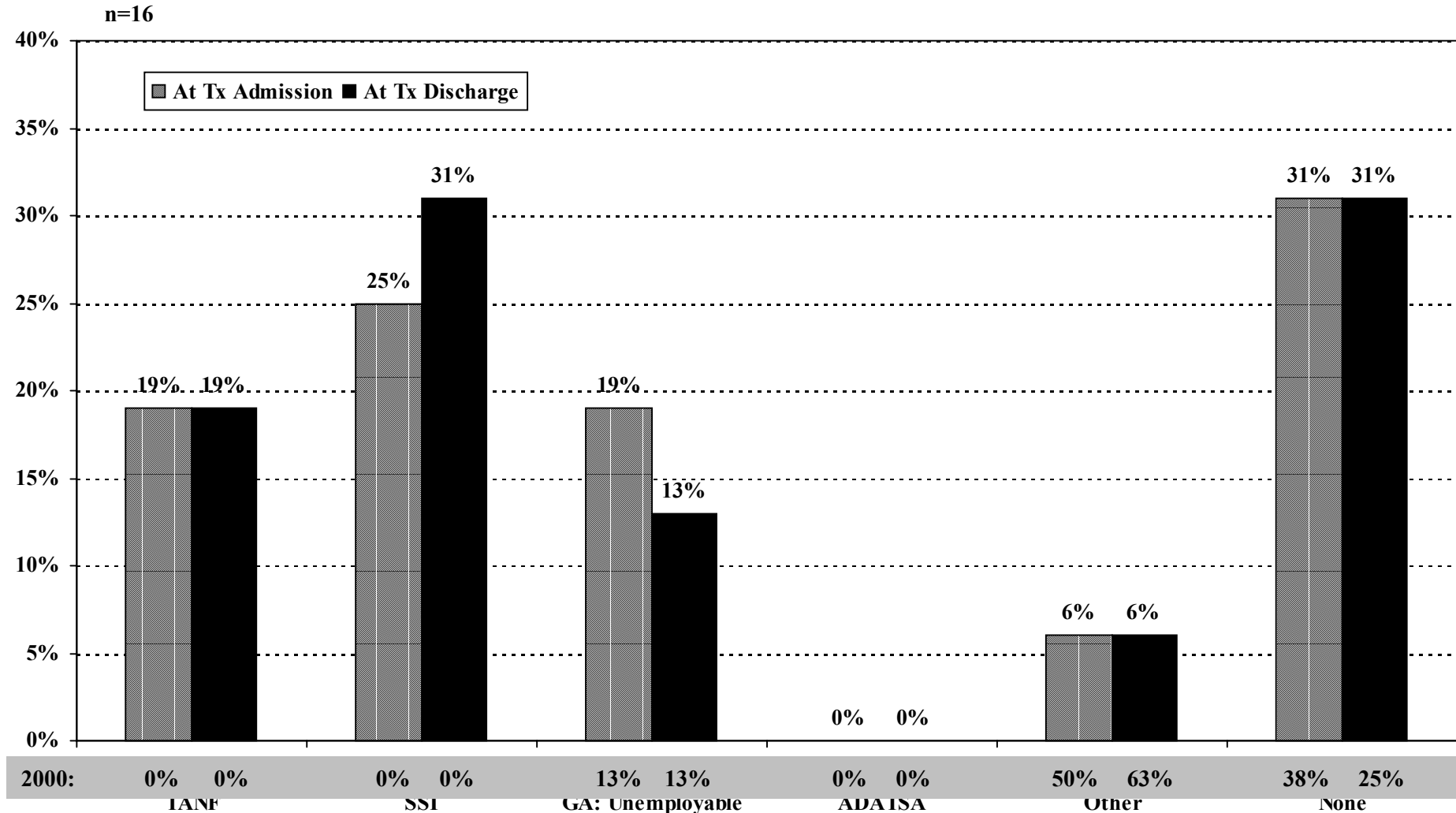


Chart F-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001**

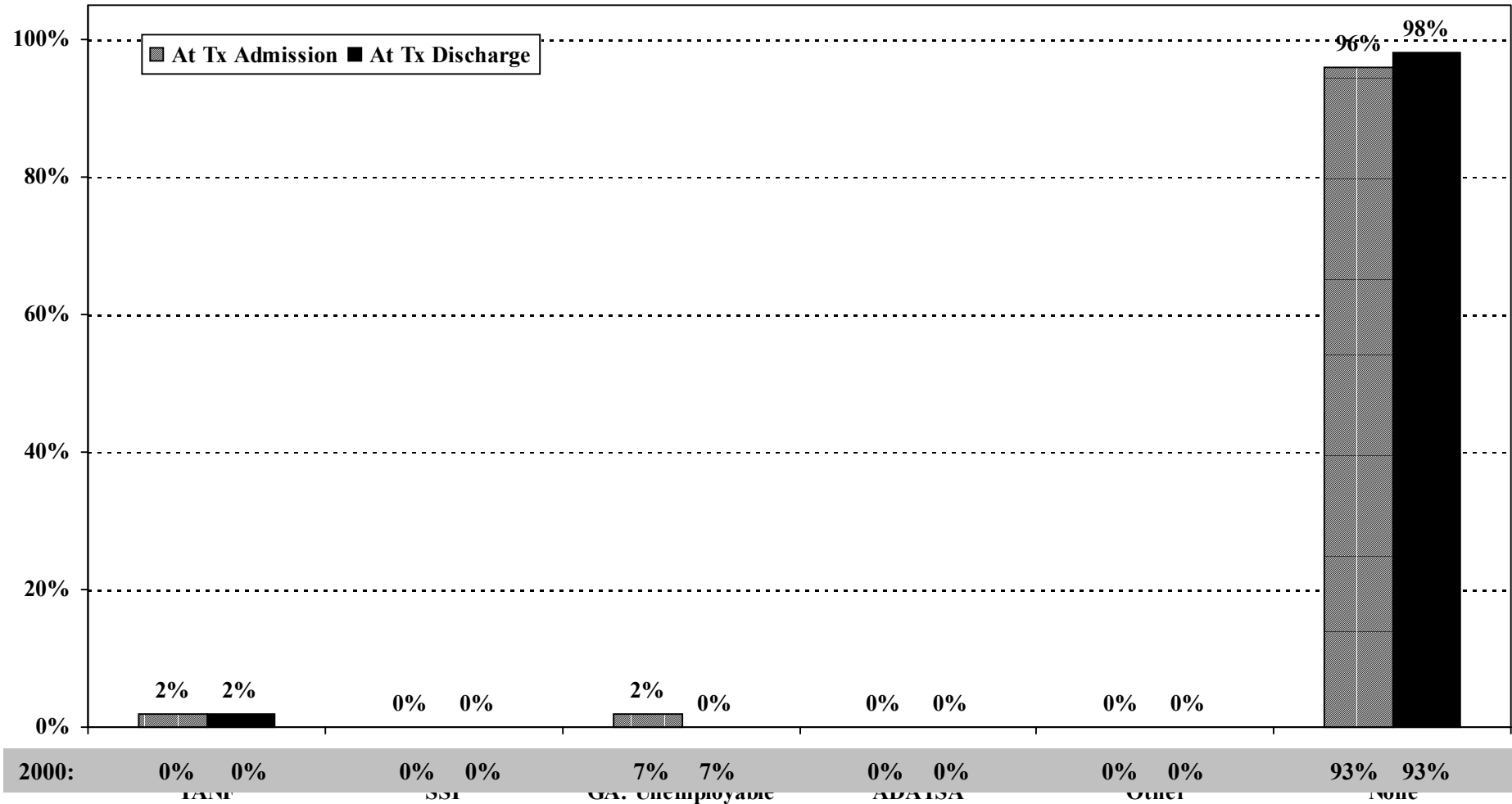


"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart F-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001**

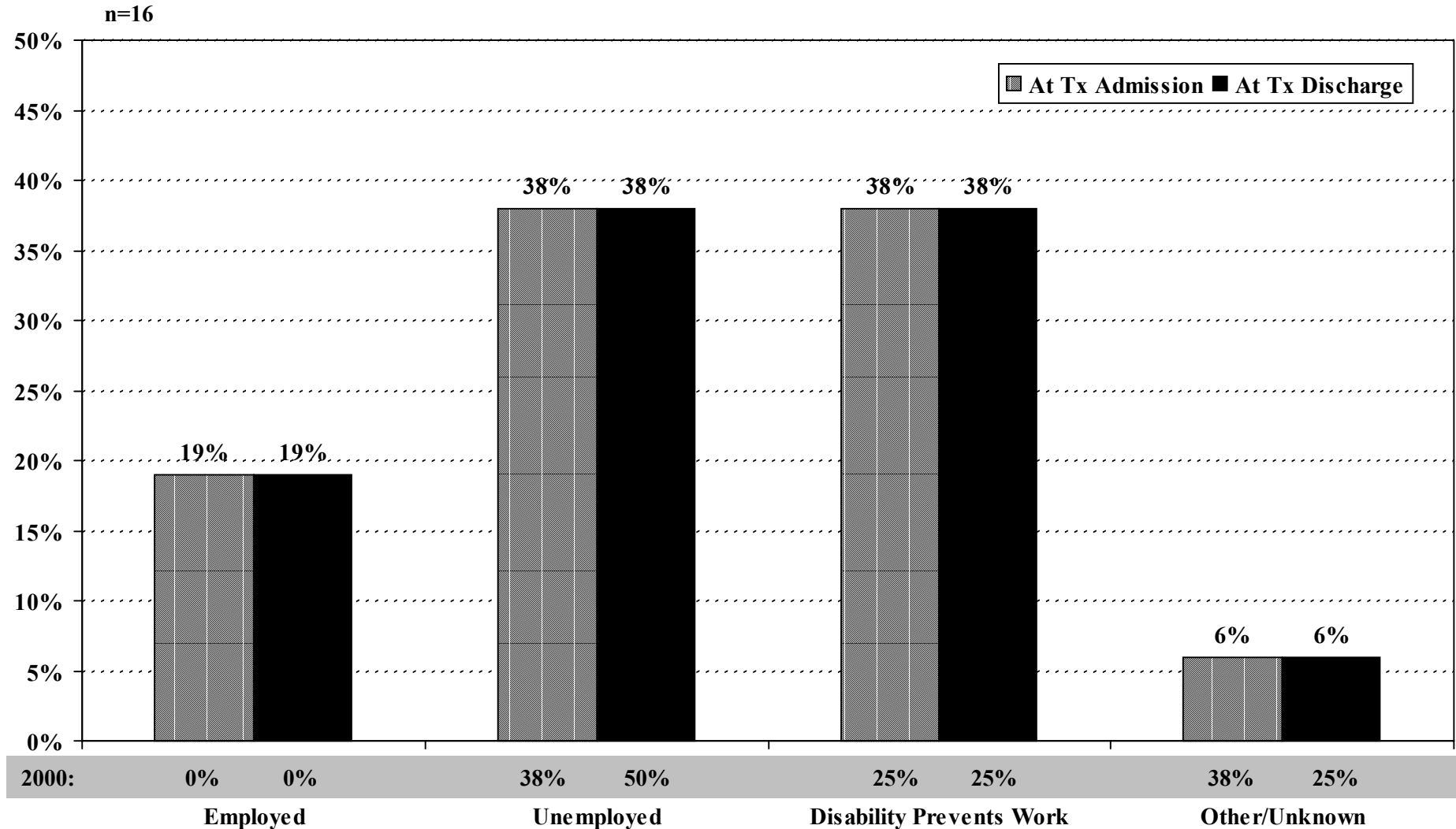
n=51



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

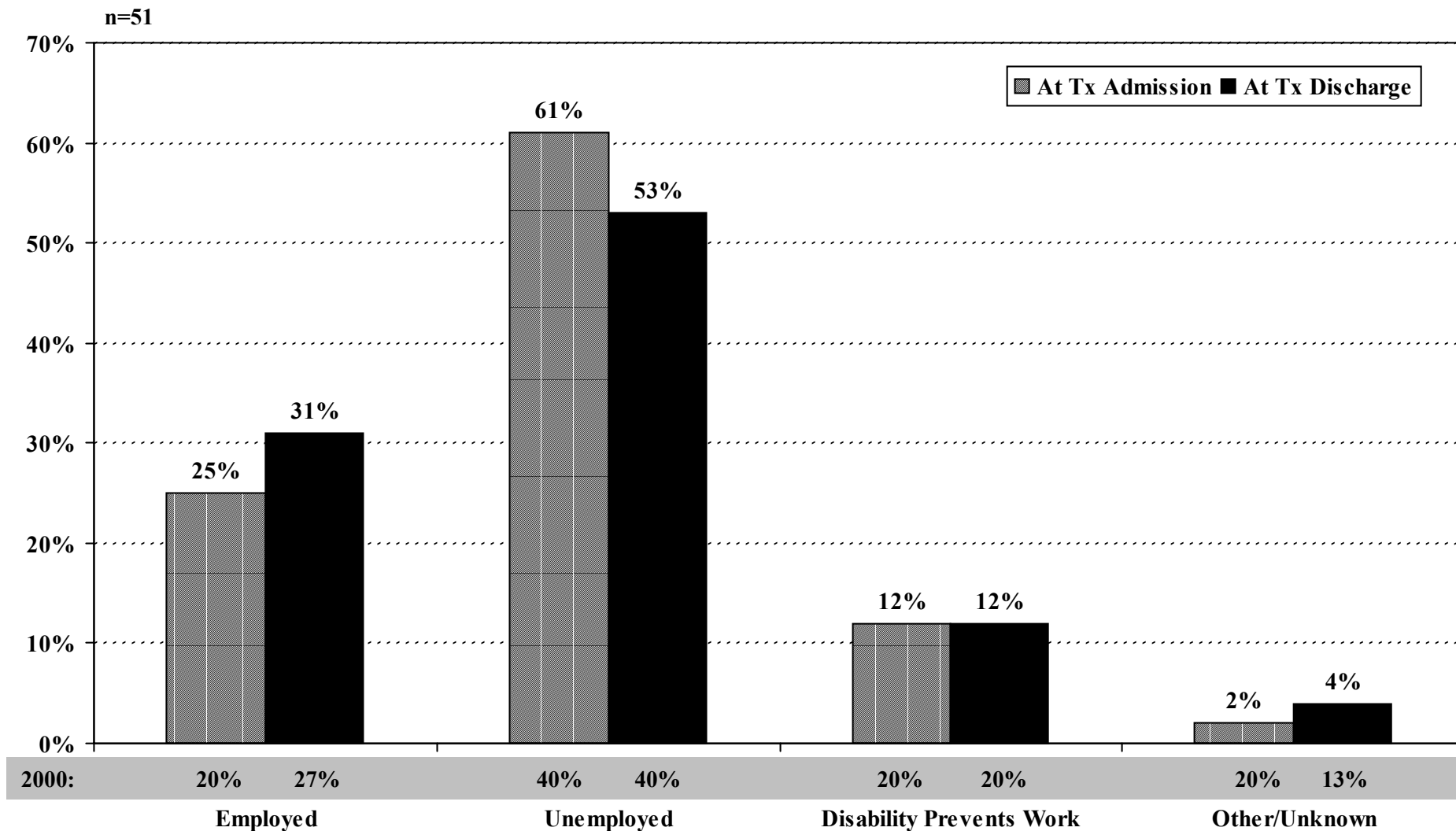
Chart F-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart F-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart F-11
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Alcohol/Drug Network, Publicly Funded Patients – Jan.-Sept. 2001

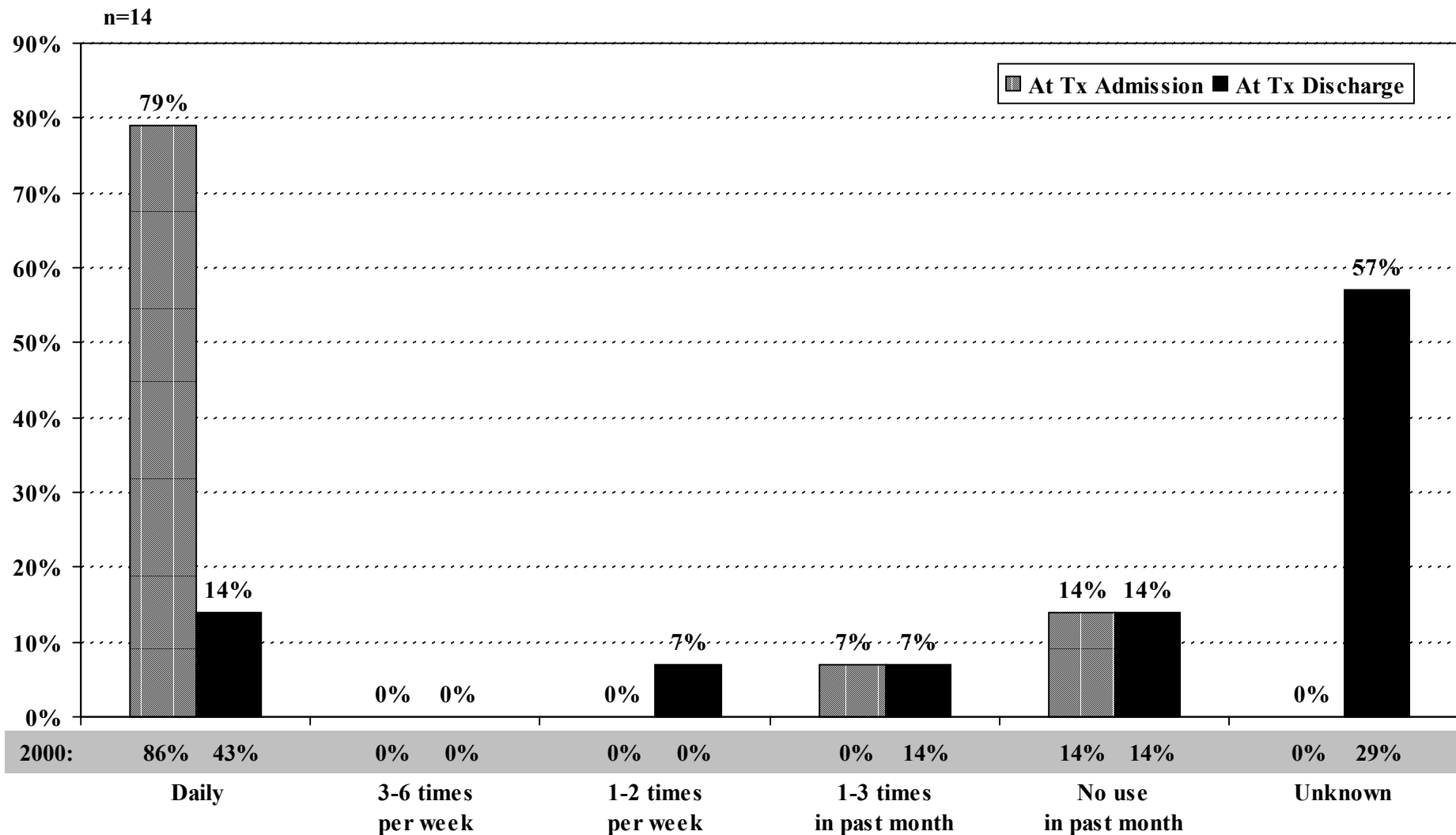
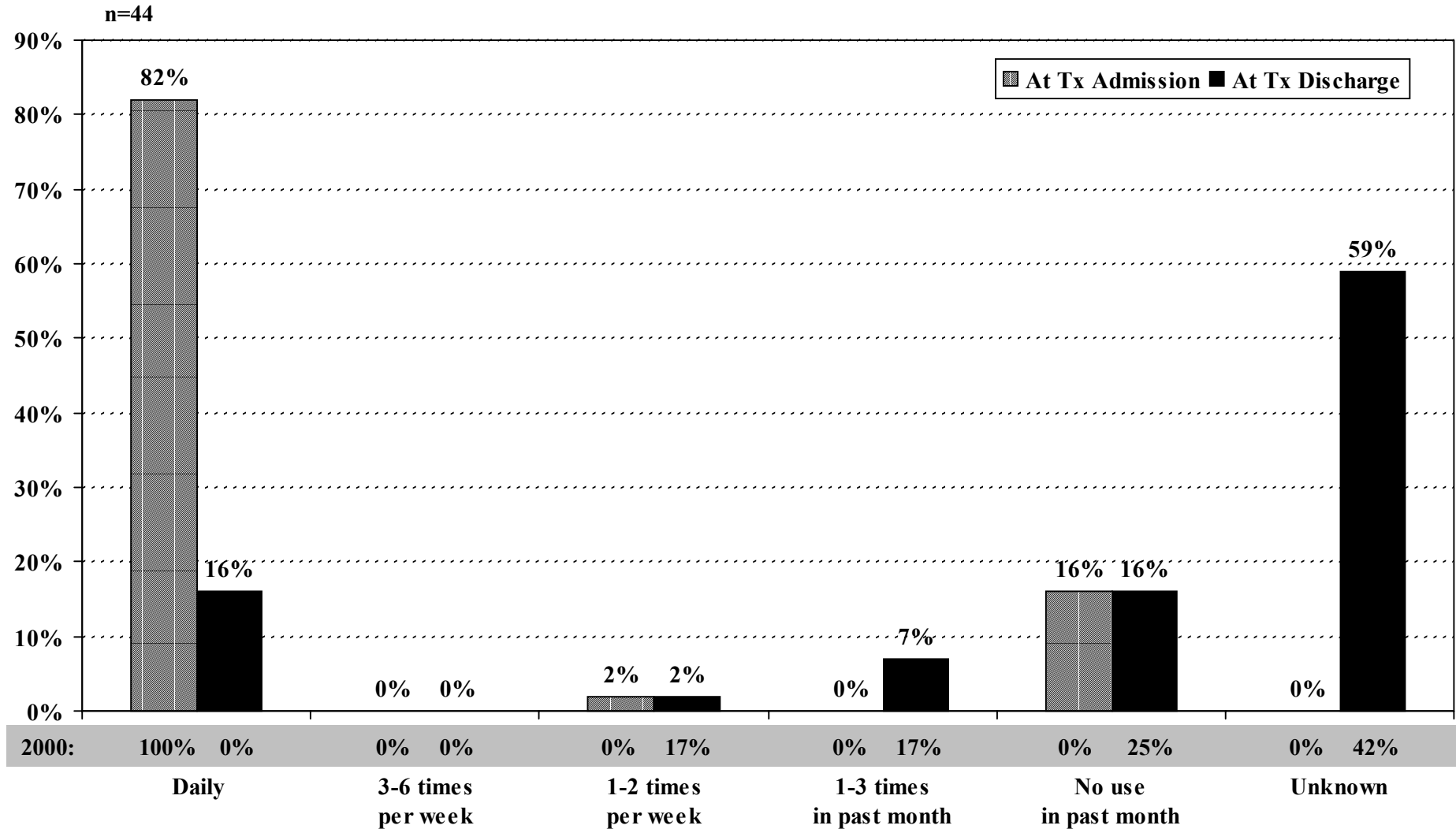


Chart F-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Alcohol/Drug Network, Private-Pay Patients – Jan.-Sept. 2001



Central Washington Comprehensive Mental Health

**PROGRAM: CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
 ADDICTION TREATMENT PROGRAM (CWCMH)**

**ADDRESS: 402 South 4th Avenue
 Yakima, WA 98902**

**CONTACT: Judy Newland, Addiction Treatment Supervisor
 (509) 574-5103
 E-mail: jnewland@cwcmh.org**

Central Washington Comprehensive Mental Health's (CWCMH) Addiction Treatment Program has assisted opiate dependent individuals since the early 1970s. A multi-disciplinary team, including a program physician, nurses, and chemical dependency professionals, provides personalized service and individualized care to approximately 140 patients. Half of CWCMH's patients are employed, and approximately 25% have health insurance coverage for their treatment. The other 75% are publicly funded. As part of a fully accredited mental health facility, CWCMH is able to provide ready access to necessary mental health services for patients requiring them. CWCMH also has a residential program for patients requiring a protective environment during the methadone stabilization period.

PATIENT CHARACTERISTICS:

Compared to the statewide samples of publicly funded and private-pay patients, CWCMH patients were:

- More likely to have shorter length of treatment (median 107.5 days for publicly funded; 121 days for private-pays).

Chart G-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001

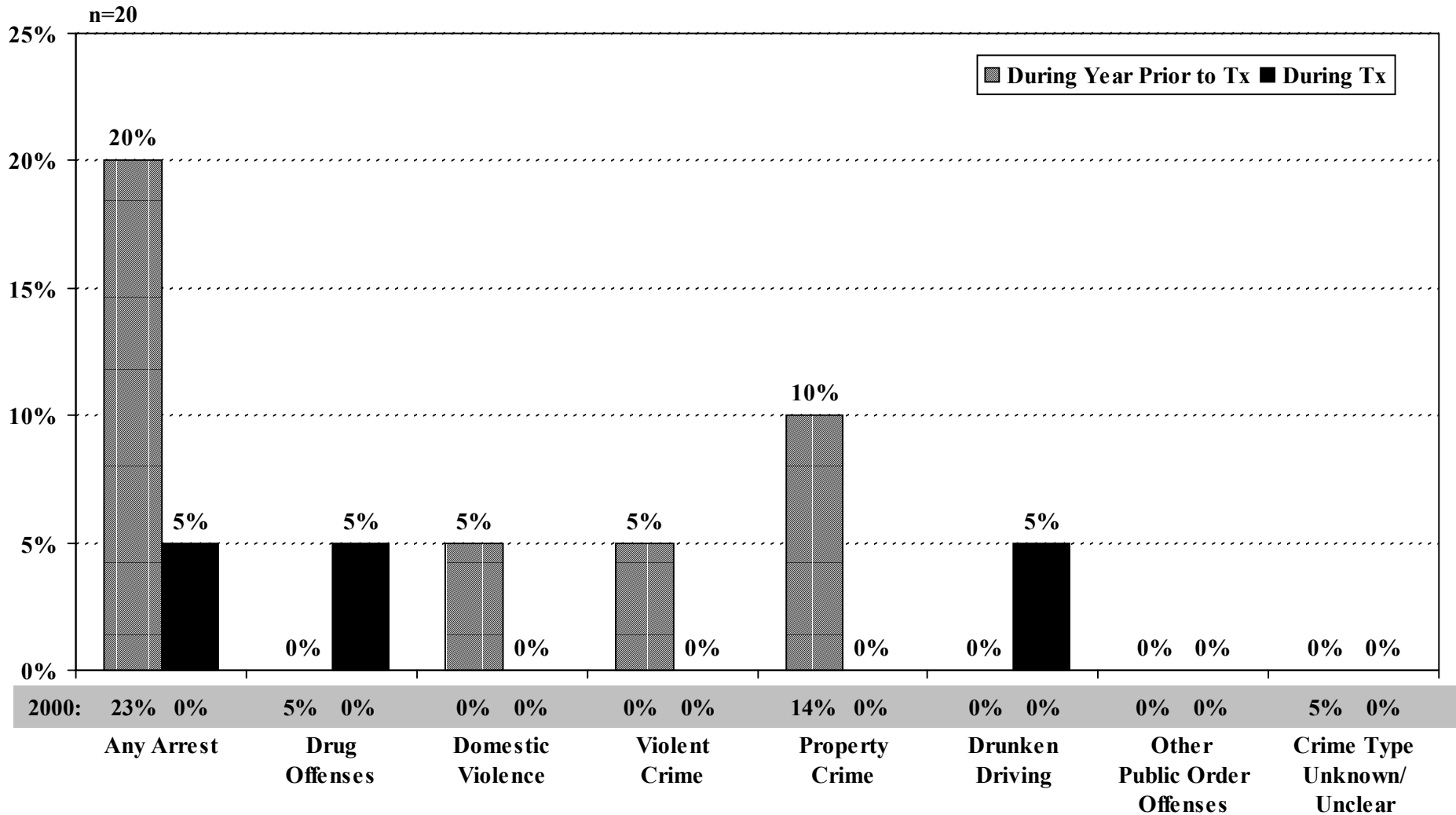


Chart G-2

**Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001**

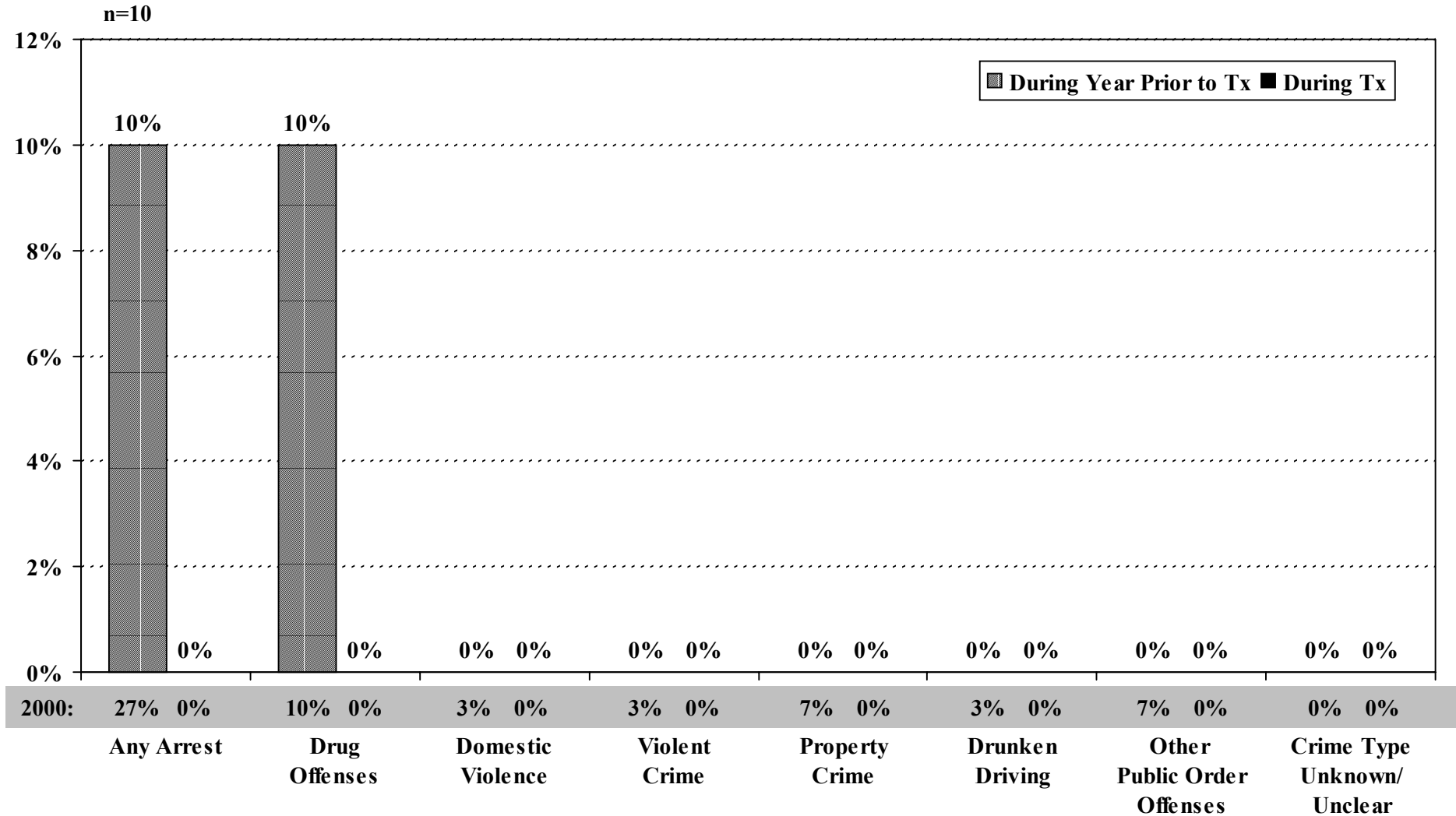


Chart G-3

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001**

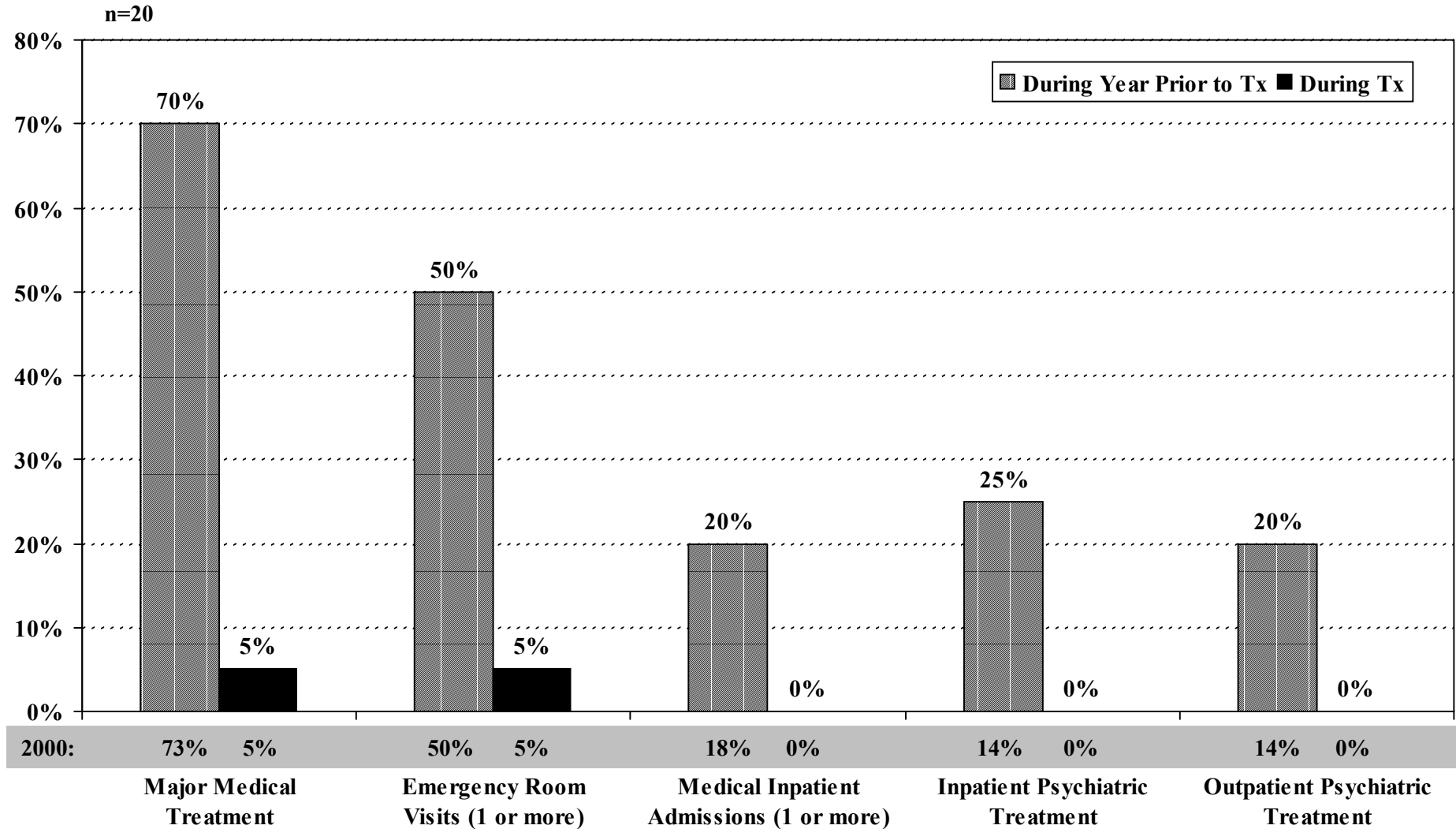


Chart G-4

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001**

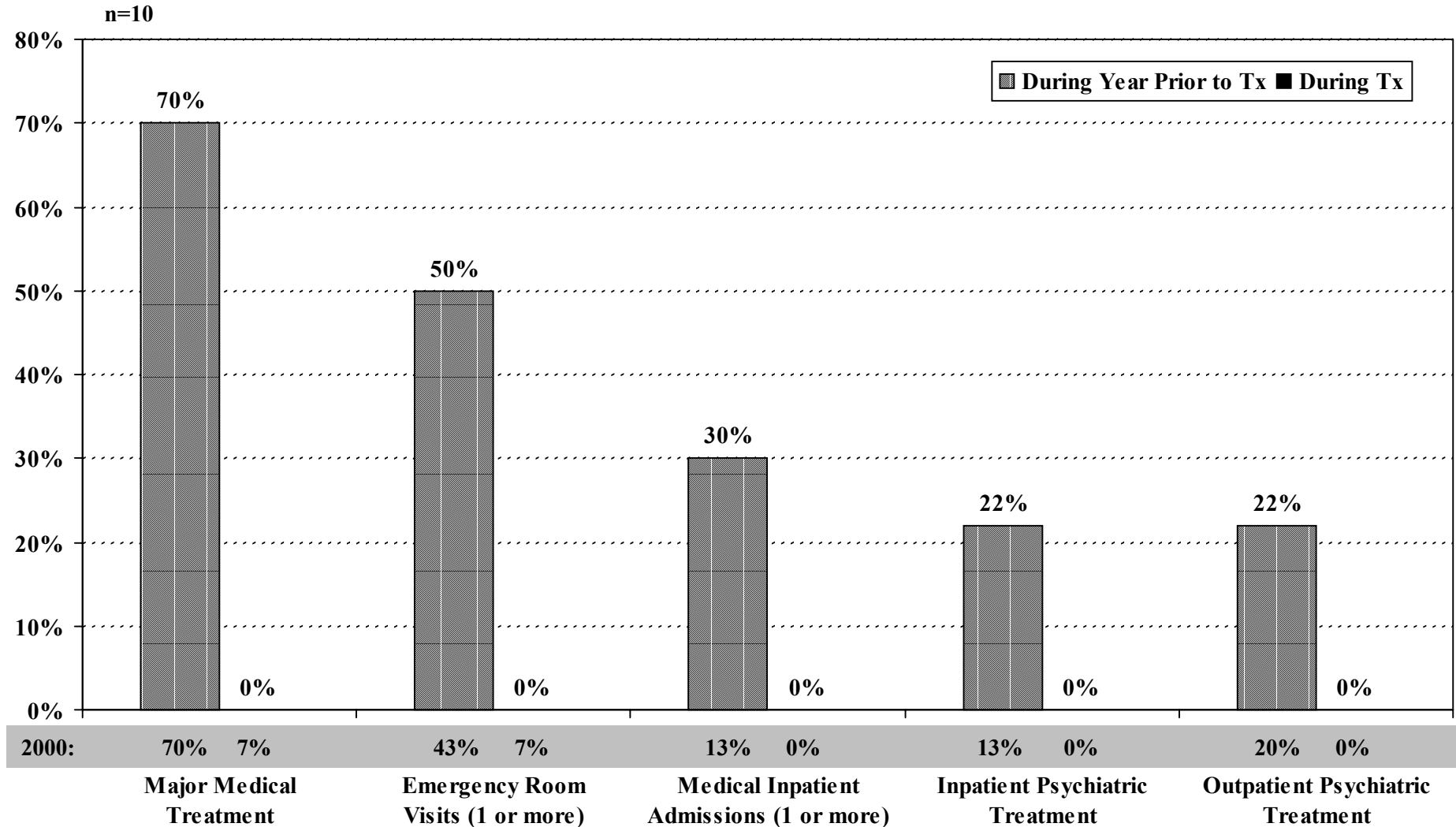


Chart G-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001**

n=20

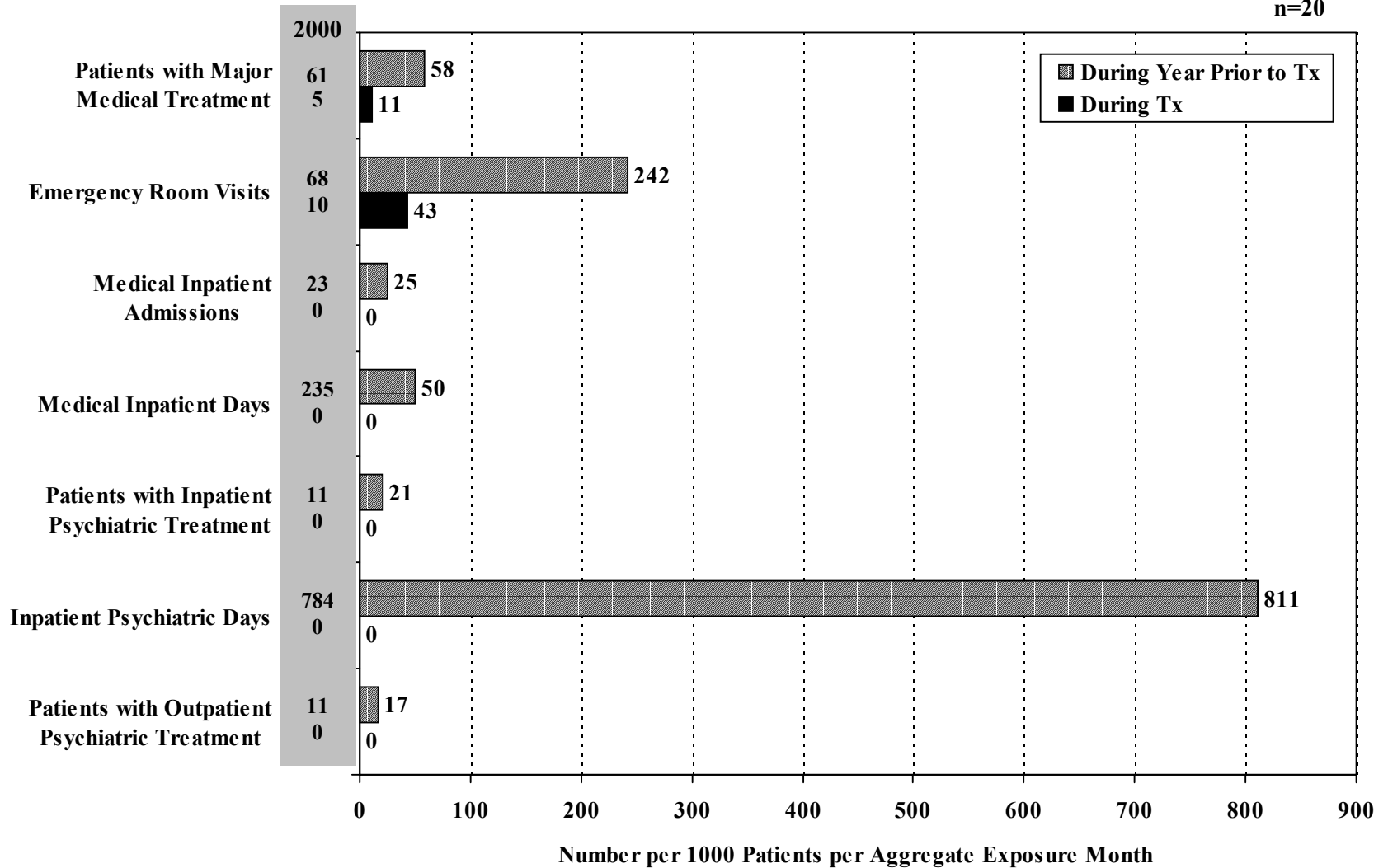


Chart G-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001**

n=10

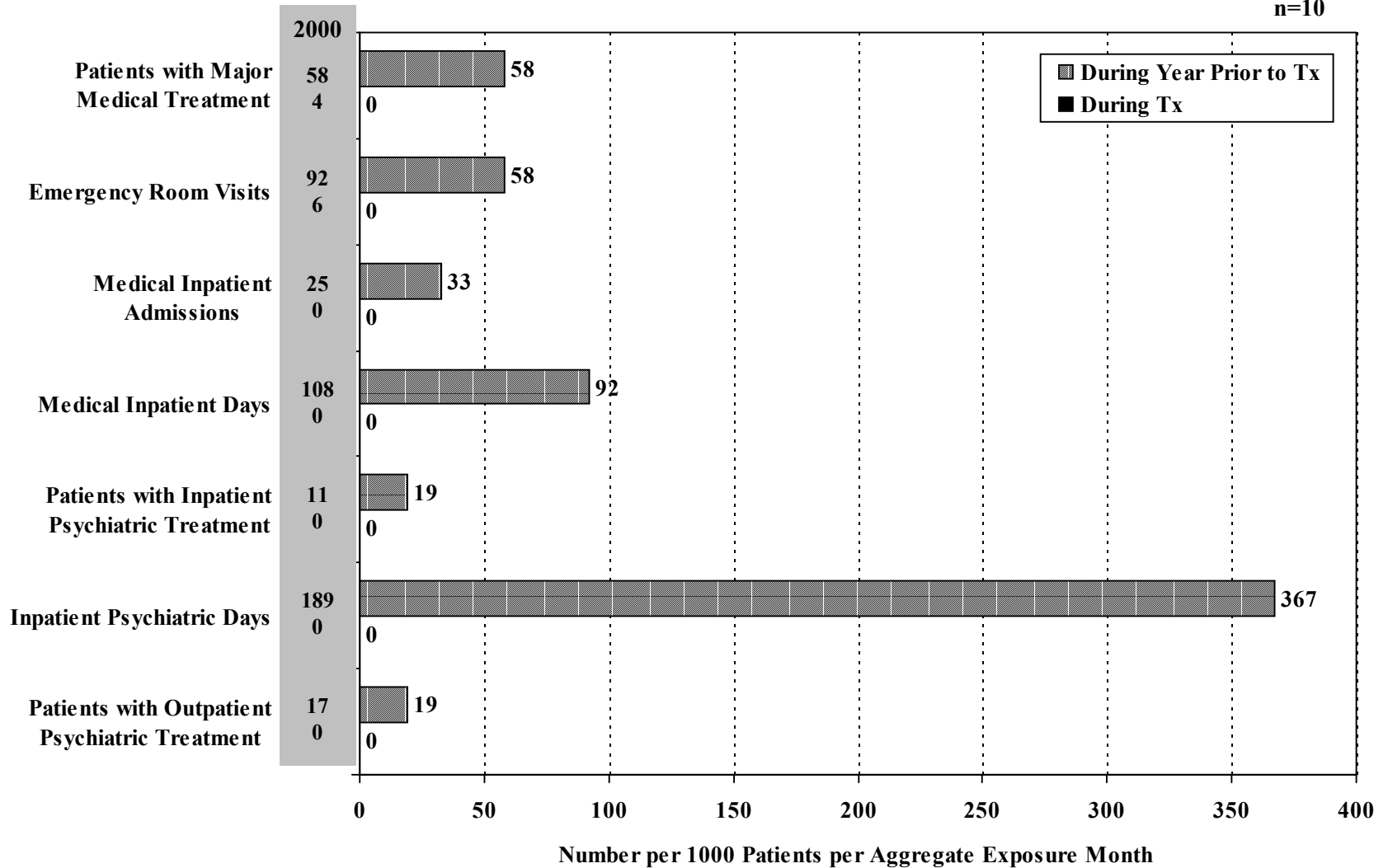
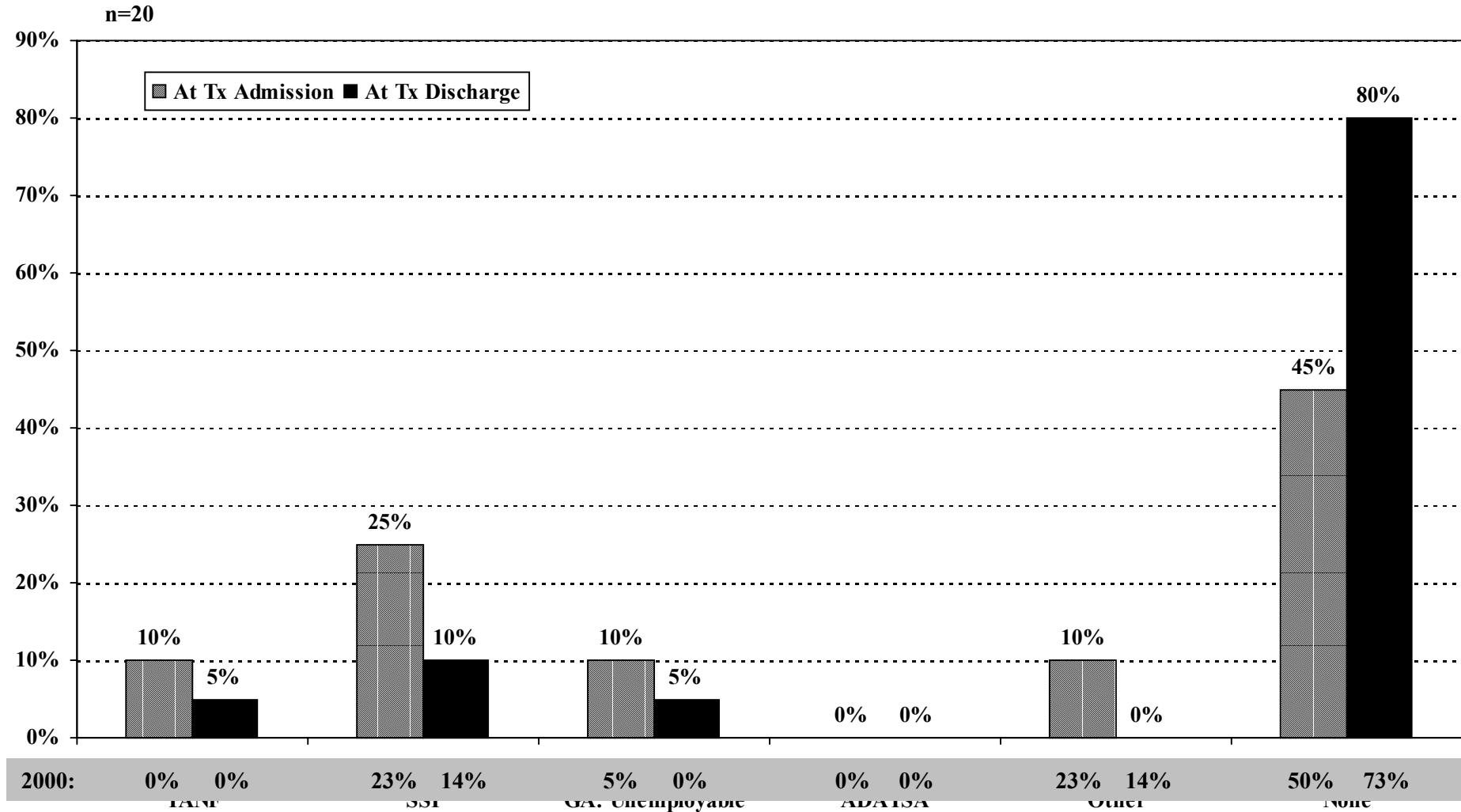


Chart G-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.

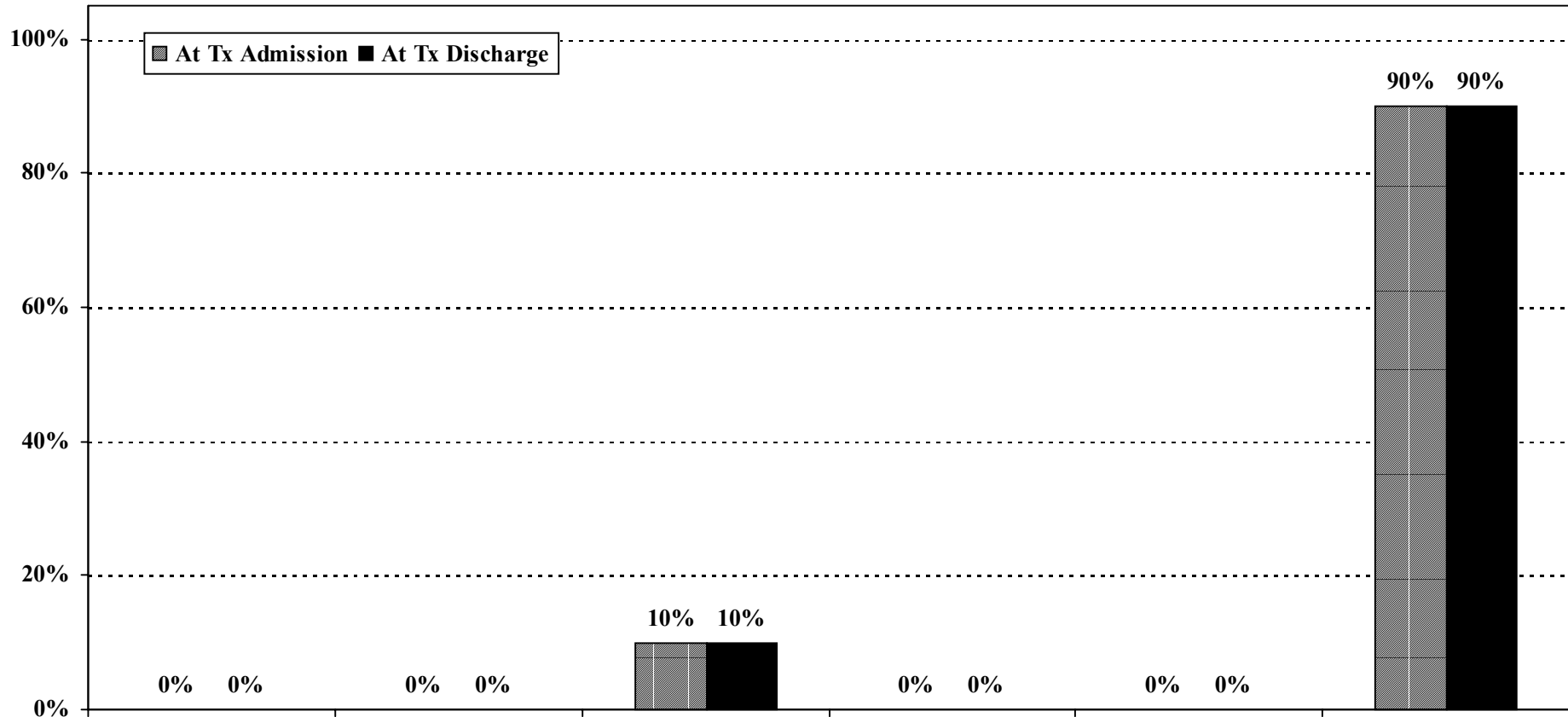
"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart G-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001**

n=10



	TANF		SSI		GA: Unemployable		ADATSA		Other		None	
2000:	0%	0%	3%	3%	3%	0%	0%	0%	0%	0%	93%	97%

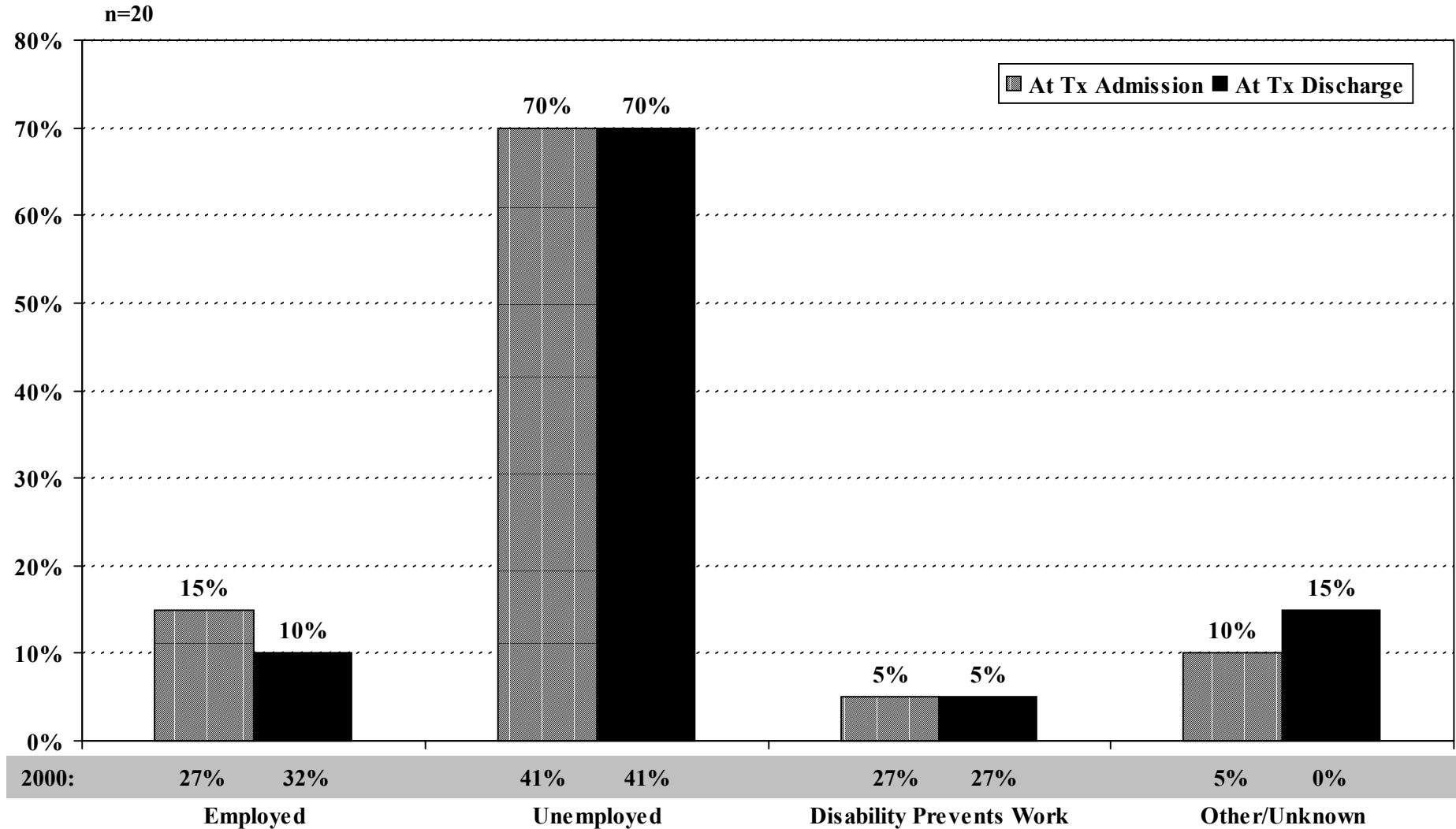
"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.

"2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart G-9

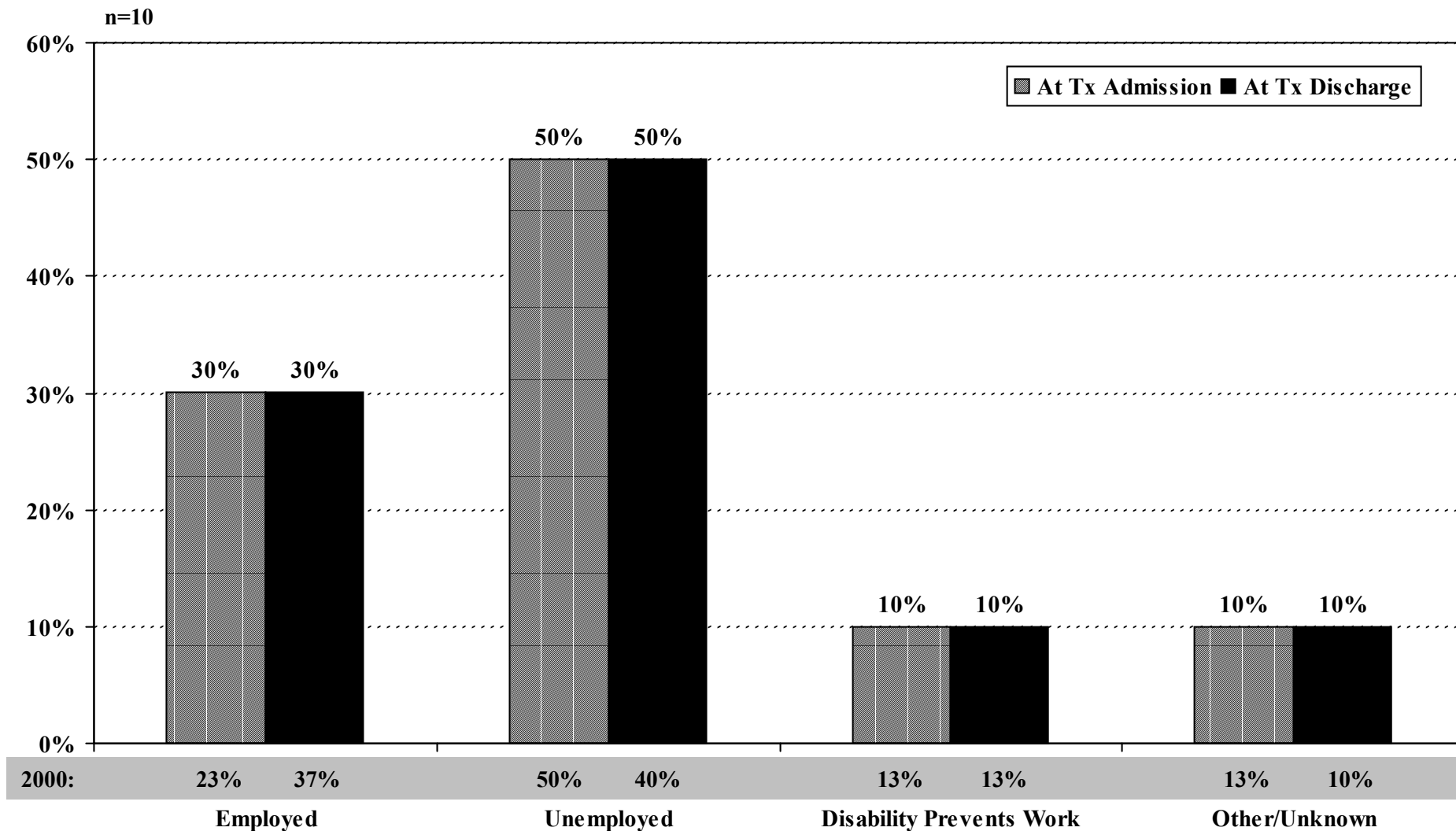
**Employment Status Among Opiate Substitution Patients Before/After Treatment:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001**



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart G-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart G-11

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Central Washington Comprehensive Mental Health, Publicly Funded Patients – Jan.-Sept. 2001**

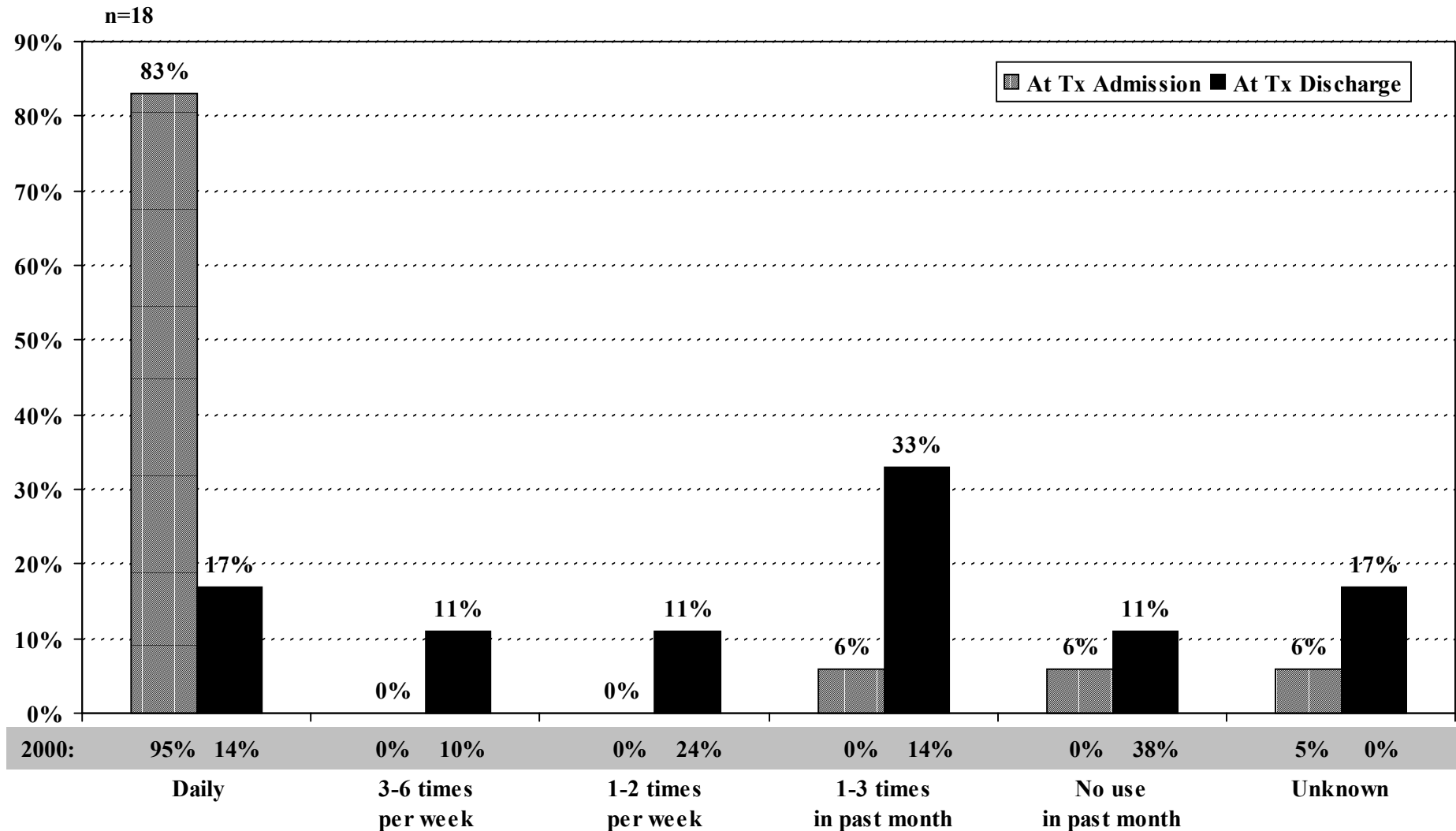
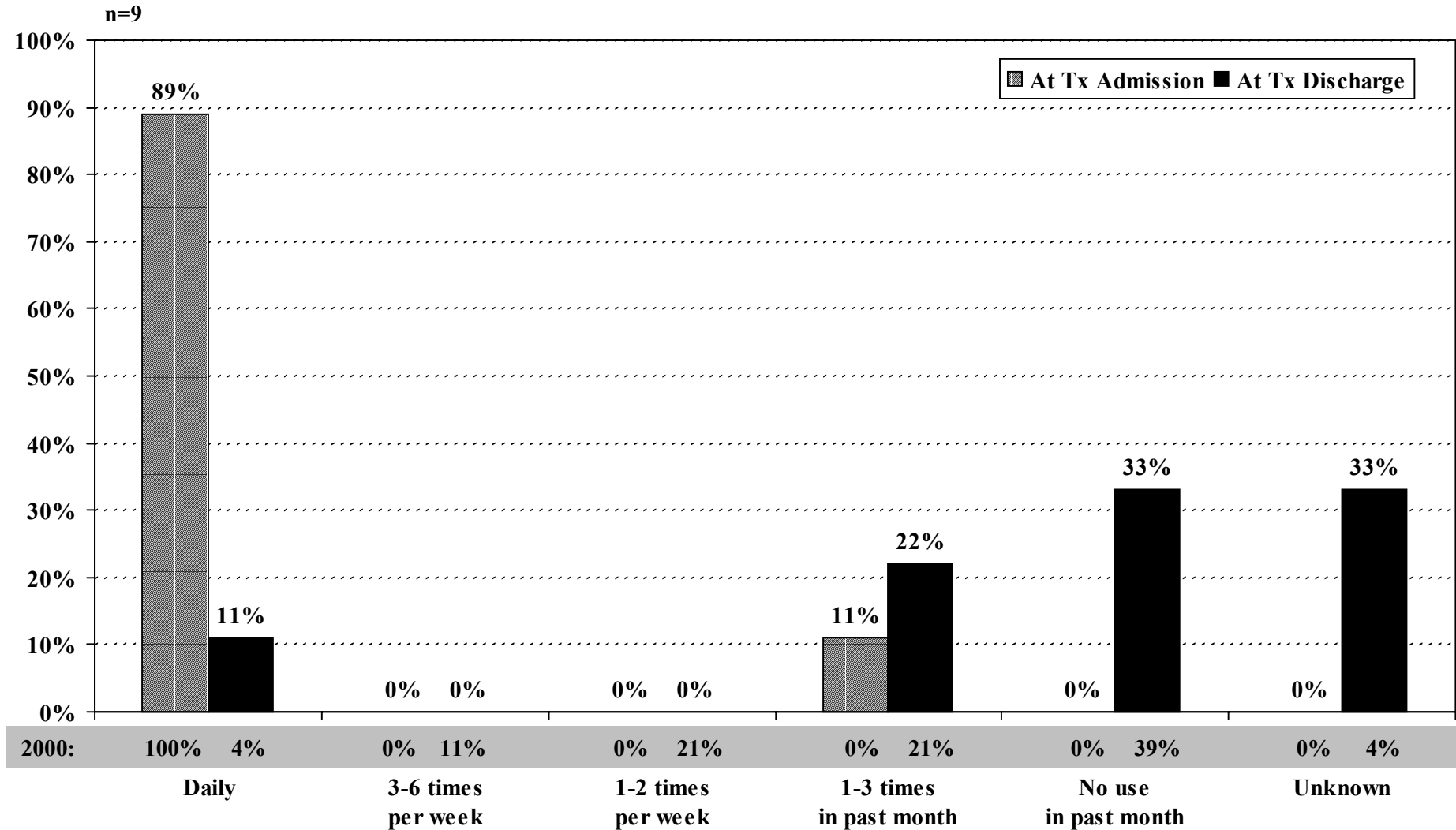


Chart G-12

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Central Washington Comprehensive Mental Health, Private-Pay Patients – Jan.-Sept. 2001**



WESTERN CLINICAL HEALTH SERVICES, INC. (WCHS)

PROGRAM: WESTERN CLINICAL HEALTH SERVICES, INC. (WCHS)

ADDRESS: Federal Way Clinic
22925 South 341st Place
Federal Way, WA 98003

Renton Clinic
2838 NE Sunset Boulevard
Renton, WA 98056

CONTACT: Joan Bunnell, Administrator
(253) 874-2030
E-mail: joanb@crchealth.com

Western Clinical Health Services (WCHS), a division of CRC Health Corporation, operates two outpatient opiate treatment clinics in King County. CRC is a national corporation that has been in existence for more than 30 years, providing comprehensive mental health and chemical dependency treatment. Treatment emphasis is on the physical, mental, emotional, and spiritual transformation of the individual. CRC is committed to providing clients with the highest quality of care and setting the standard of excellence in the field of chemical dependency and behavioral health.

Each clinic consists of state-certified chemical dependency professionals and medical staff. Addiction specialists, physician assistants, registered nurses, and licensed practical nurses offer a multi-disciplinary team approach to treatment. Treatment services include: opiate substitution; assessments and evaluations; medication management; individual and group counseling; family intervention; medically managed detoxification; case management; disease intervention and testing; resources and referral; and medical and psychiatric coordination of treatment. Currently, FWC serves 345, and the Renton Clinic 290 private-pay patients.

Data included in this report reflect the FWC site only.

PATIENT CHARACTERISTICS:

Characteristics of patients receiving opiate substitution treatment at FWC were comparable to the statewide sample of private-pay patients.

Chart H-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001

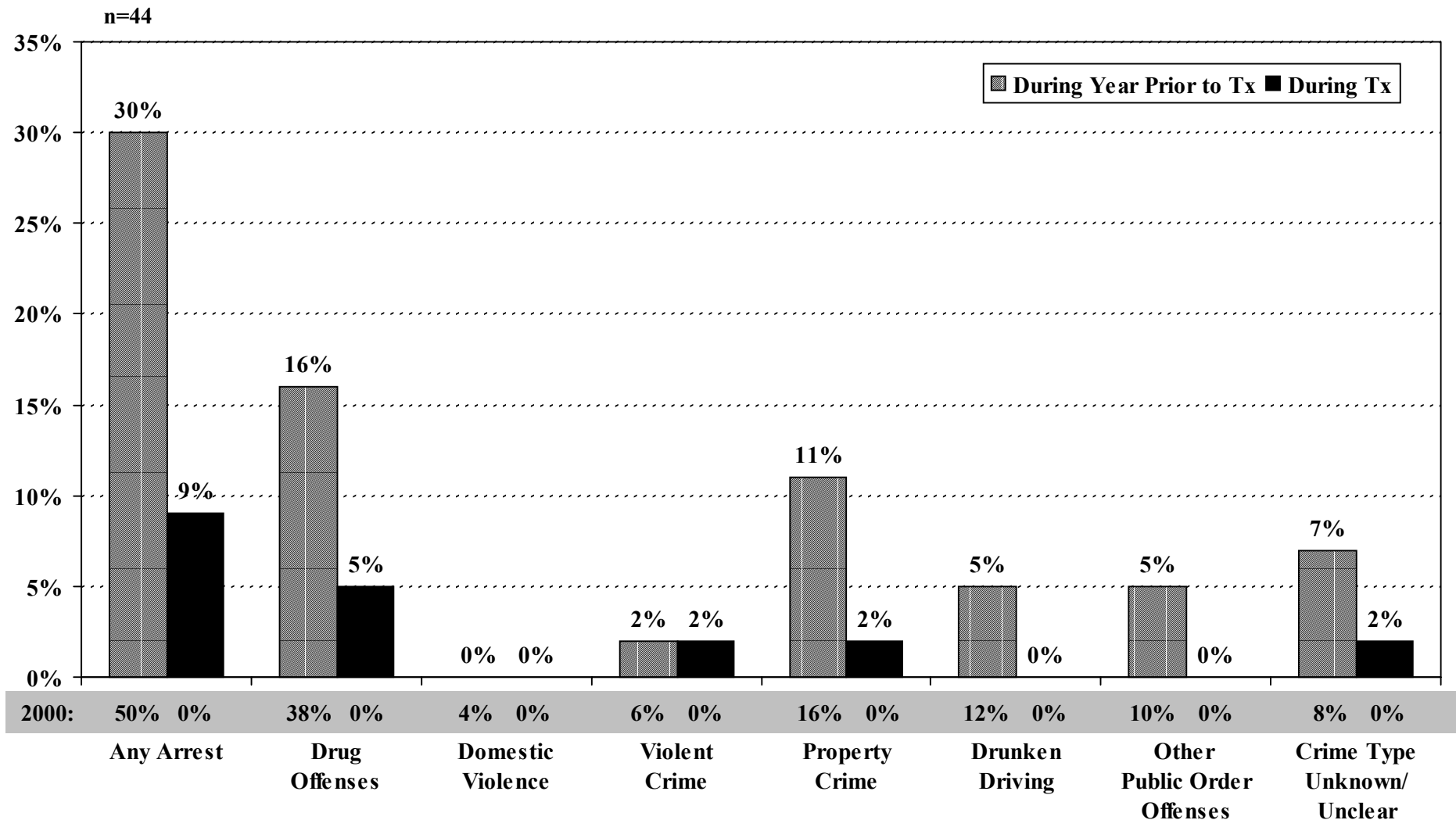


Chart H-2
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001

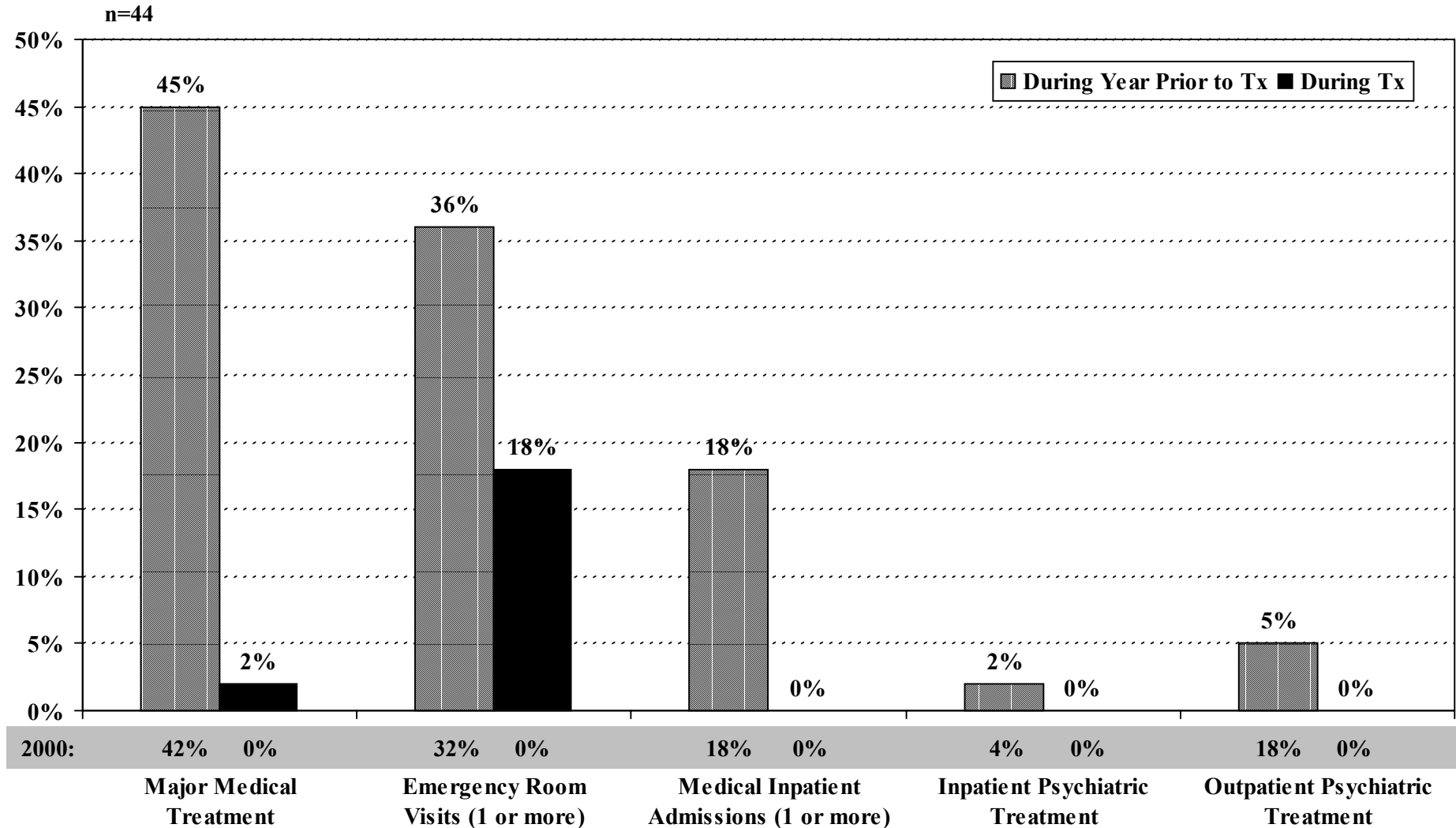


Chart H-3

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001**

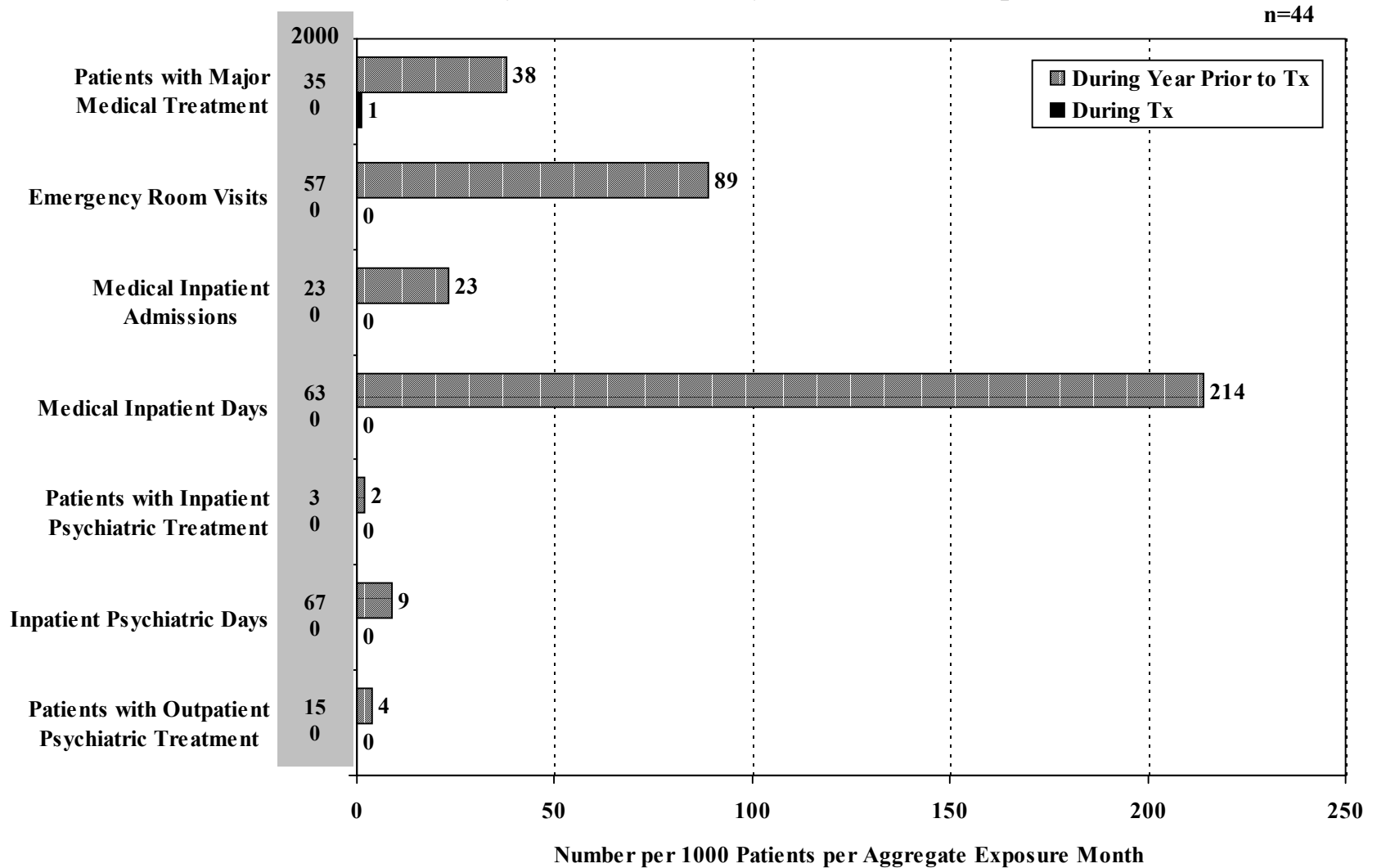
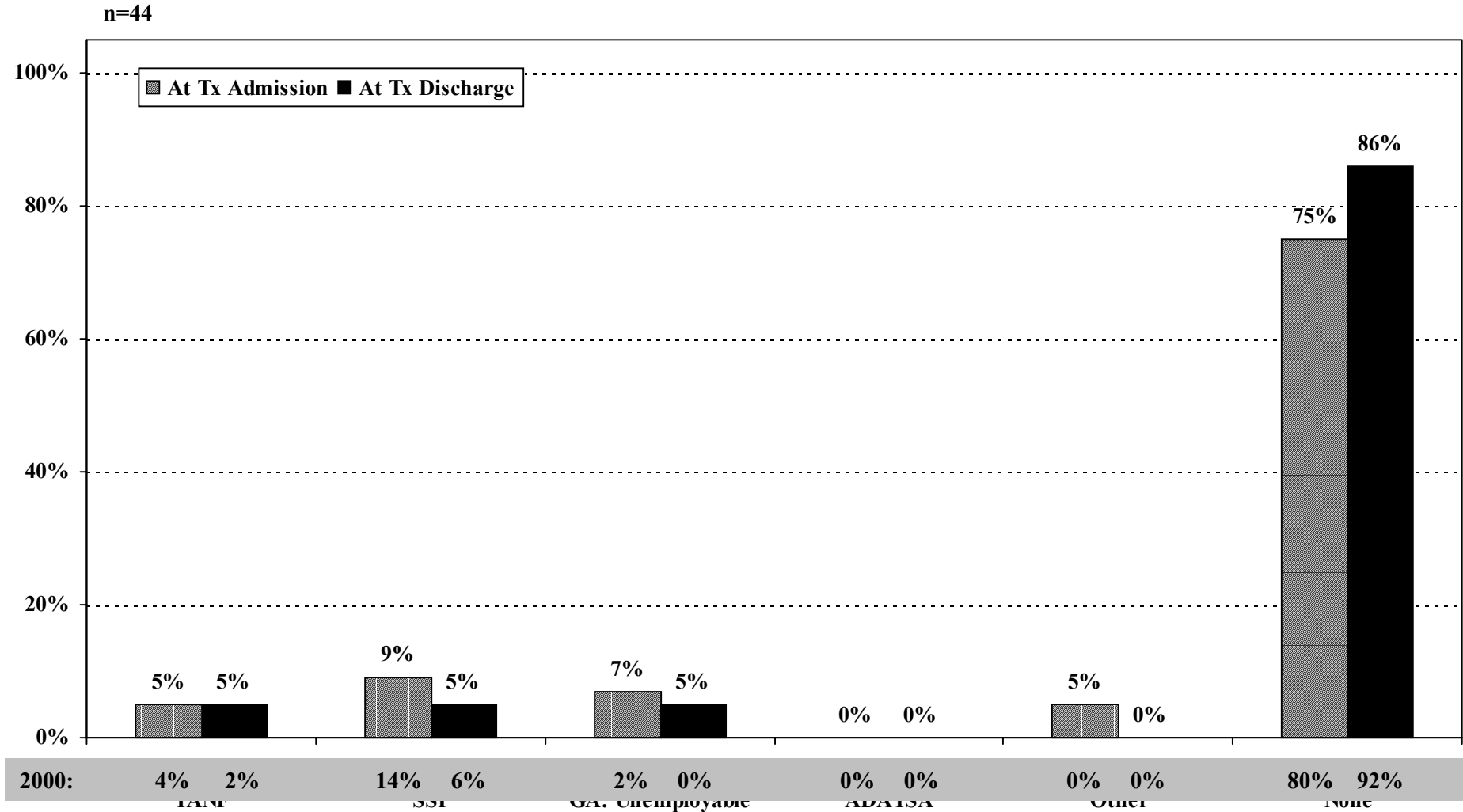


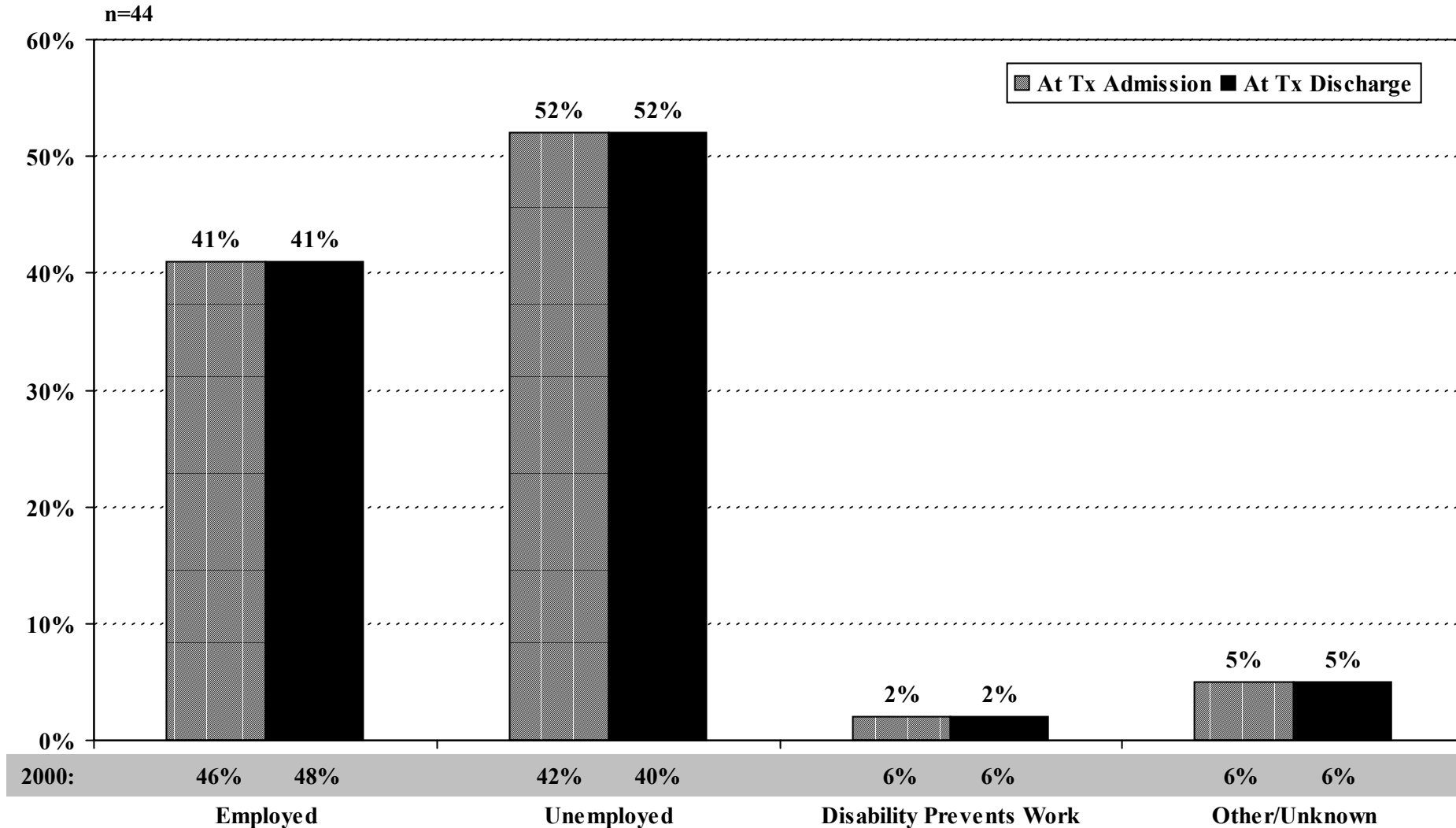
Chart H-4

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

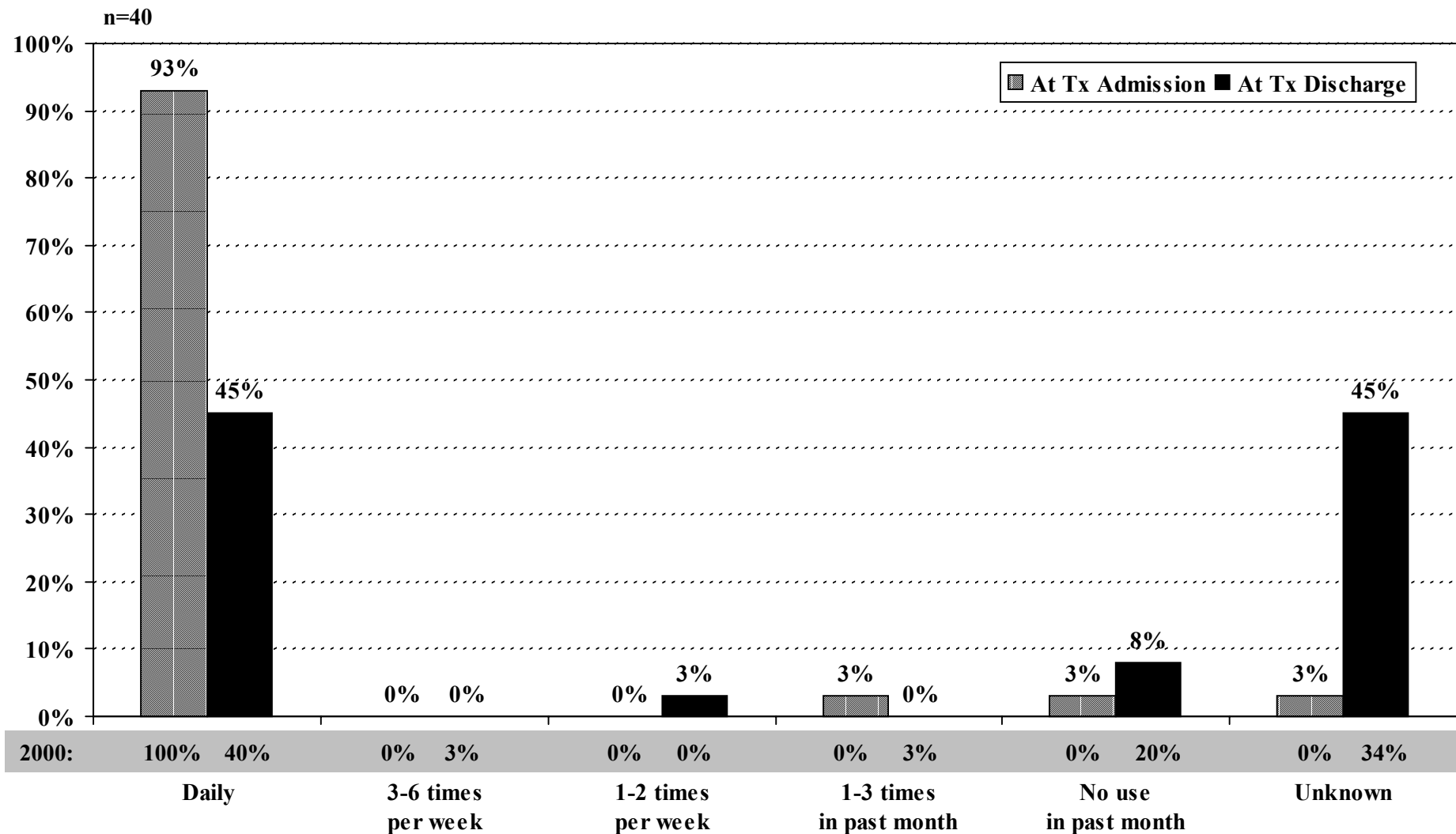
Chart H-5
Employment Status Among Opiate Substitution Patients Before/After Treatment:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart H-6
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
WCHS Federal Way Clinic, Private-Pay Patients – Jan.-Sept. 2001



EVERGREEN TREATMENT SERVICES (ETS)

PROGRAM: EVERGREEN TREATMENT SERVICES (ETS)

**ADDRESS: 1700 Airport Way South
Seattle, WA 98134**

**CONTACT: Ron Jackson, Executive Director
(206) 223-3644
E-mail: ronjack@u.washington.edu**

Evergreen Treatment Services (ETS) is a private, non-profit community-based agency that has been delivering outpatient opiate substitution treatment services since 1973. ETS operates two fixed-site clinics (Primary Unit and Unit 2) just south of downtown Seattle. ETS' Unit 3 is a mobile dispensing van that circulates six days per week between the North and Renton Health Clinics in King County. A fourth unit represents a collaboration between ETS and the Harborview Medical Center Primary Care Program which provides medical maintenance and primary medical care services to a small group of long-term, highly stabilized patients. In September 2002, ETS, in collaboration with the Thurston County Health Department, opened the South Sound Clinic, serving both Medicaid and private-pay patients.

ETS provides a full range of services, including: assessment and treatment planning; drug screen urinalysis; HIV education, testing, and counseling; physical examination; psychiatric evaluation and medication follow-up; individual and group counseling; and drug court treatment services. ETS currently serves 900 patients: 65% are publicly funded (Medicaid and TANF, Federal Block Grant, CSAT Grant, HIV/AIDS, and Drug Court funding), and 35% of patients pay for the total cost of treatment themselves.

PATIENT CHARACTERISTICS:

Primary Unit

Compared to the statewide sample of publicly funded patients, publicly funded ETS Primary Unit patients receiving opiate substitution treatment were:

- More likely to be female (64%);
- More likely to remain in treatment longer (median 294 days).

Compared to the statewide sample of private-pay patients; ETS Primary Unit Private pay patients were:

- More likely to be female (42%);
- Less likely to have children under age 18 (27%)
- More likely to remain in treatment longer (314 days).

Unit 2

Characteristics of both publicly funded and private-pay patients receiving opiate substitution treatment at ETS Unit 2 were comparable to the respective statewide samples.

Unit 3 (Mobile)

Compared to the statewide sample of publicly funded patients, publicly funded ETS Unit 3 (Mobile) patients receiving opiate substitution treatment were:

- More likely to be male (67%);
- Less likely to have children under age 18 living in their home (7%).

The sample size for private-pay patients (6) at ETS Unit 3 (Mobile) is too small to make statistically reliable comparisons with the statewide sample.

Evergreen Treatment Services – Primary Unit

Chart I-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001

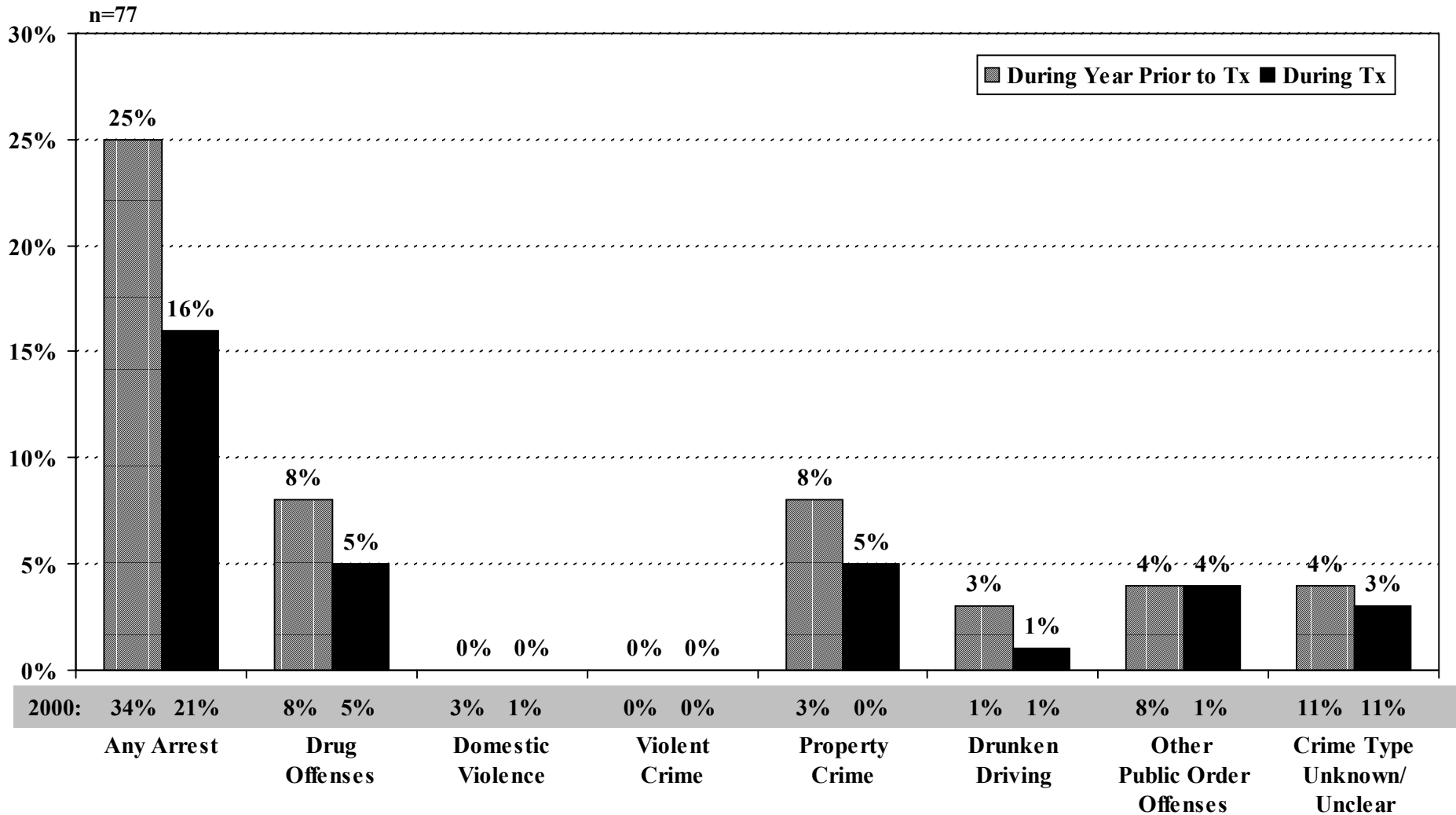


Chart I-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001

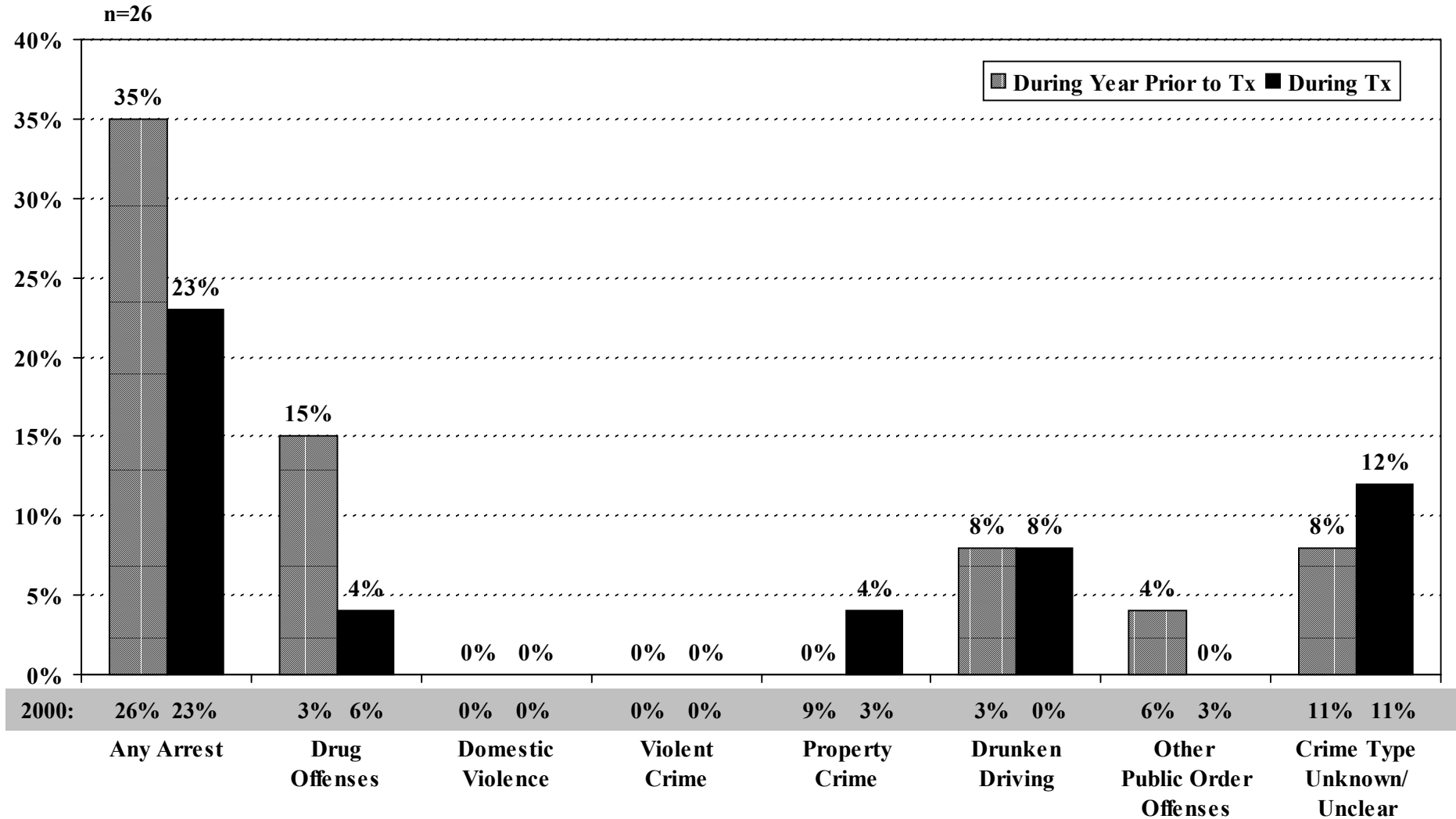


Chart I-3

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001**

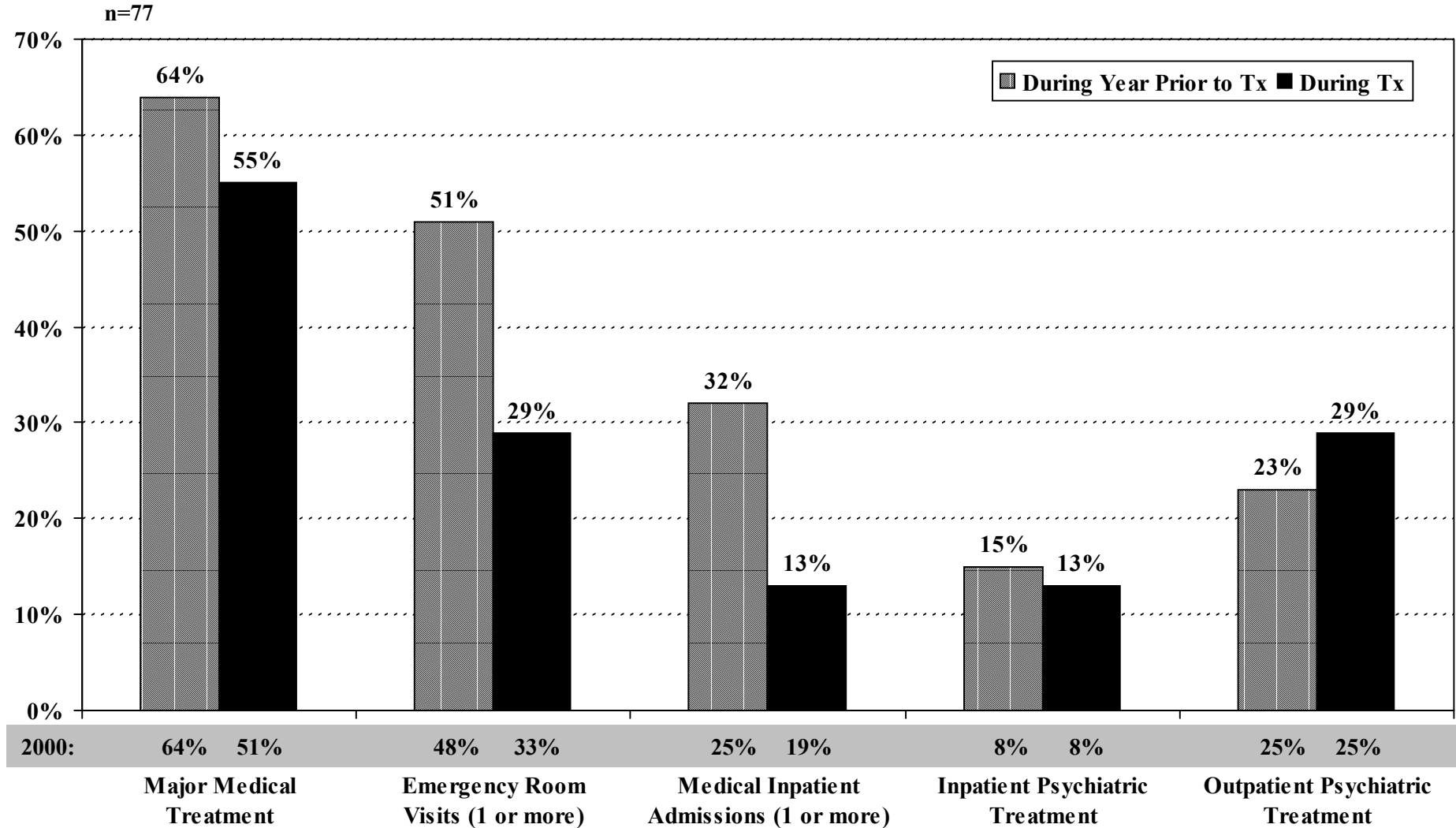


Chart I-4
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001

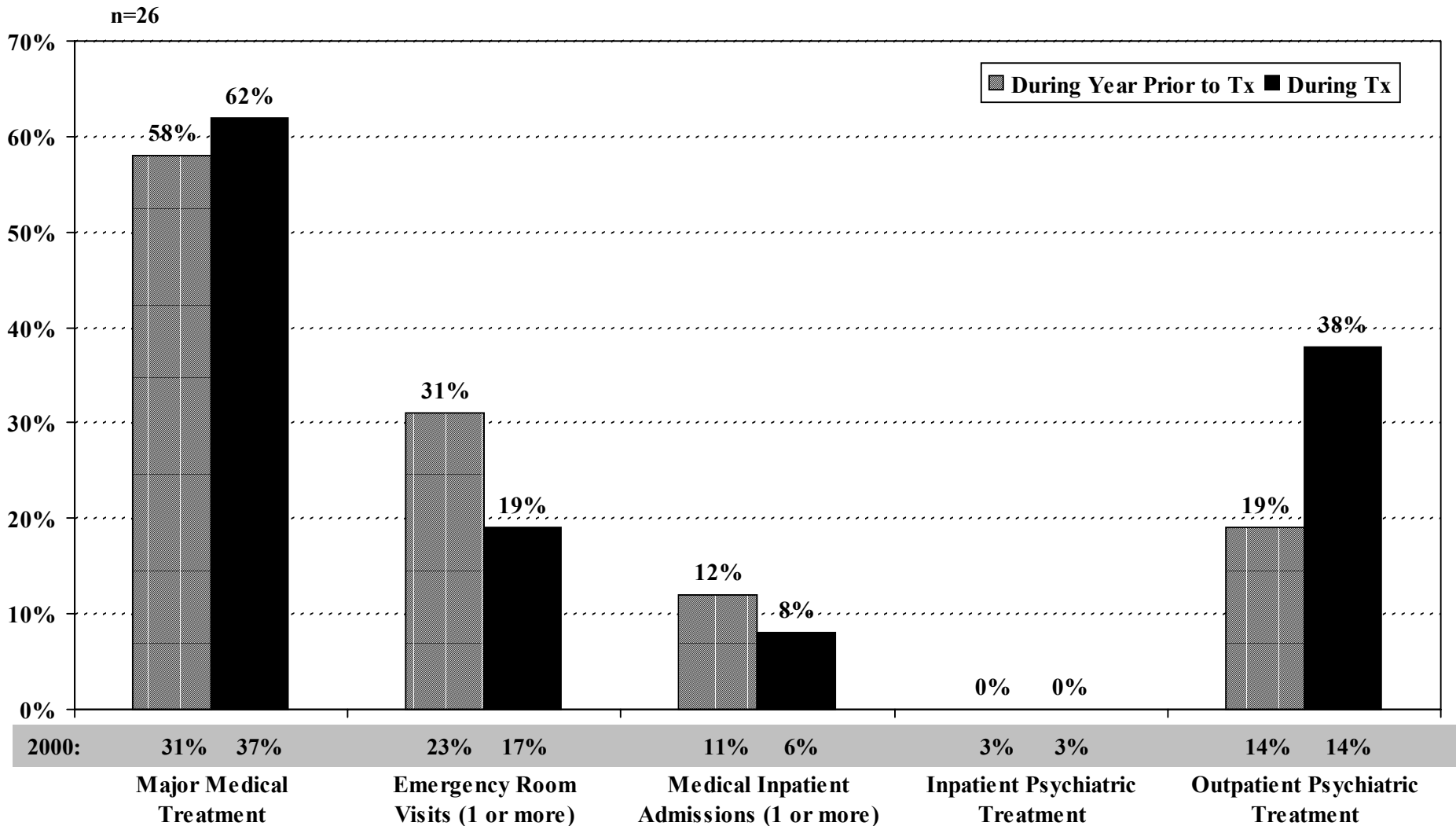


Chart I-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001**

n=77

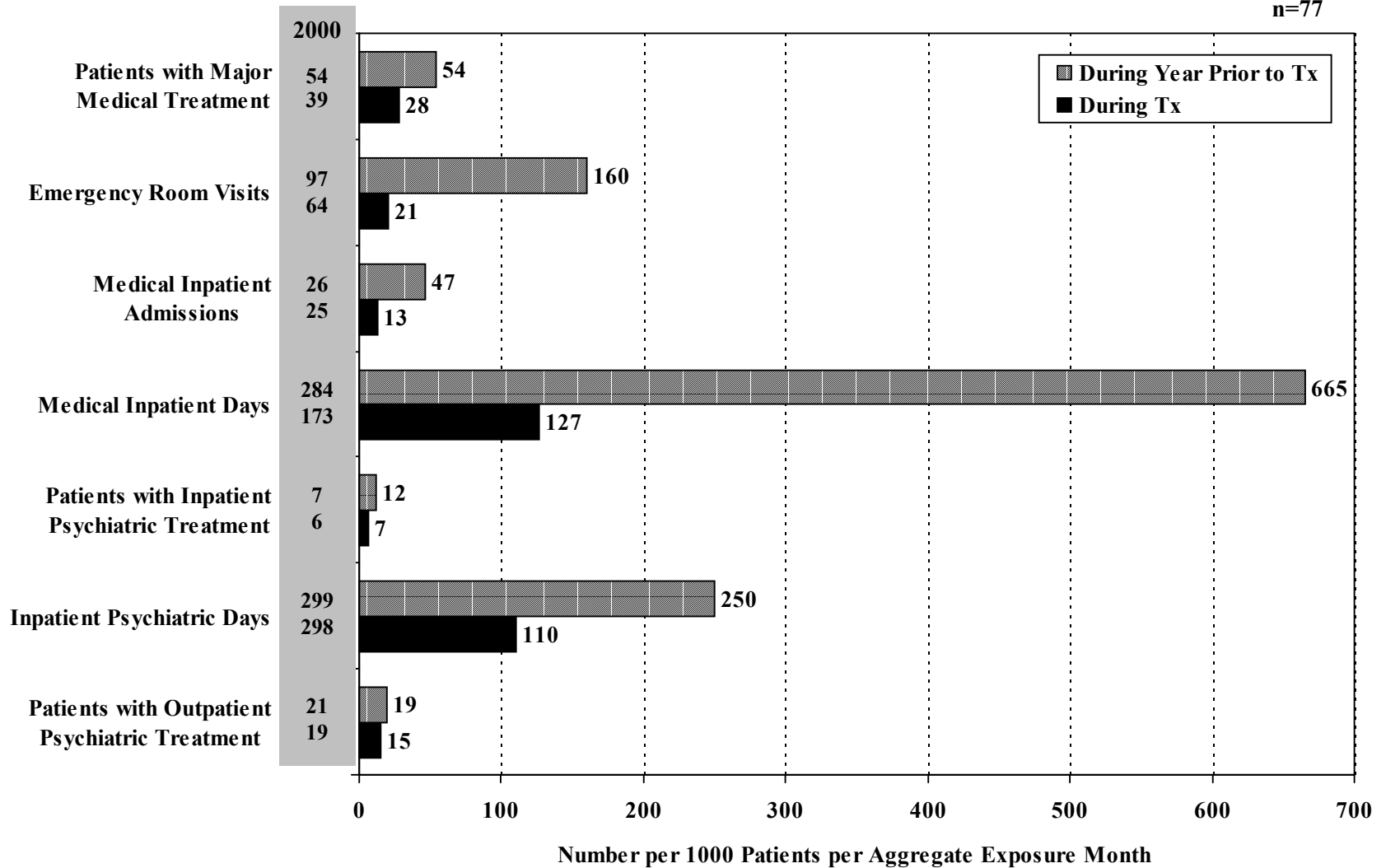


Chart I-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001**

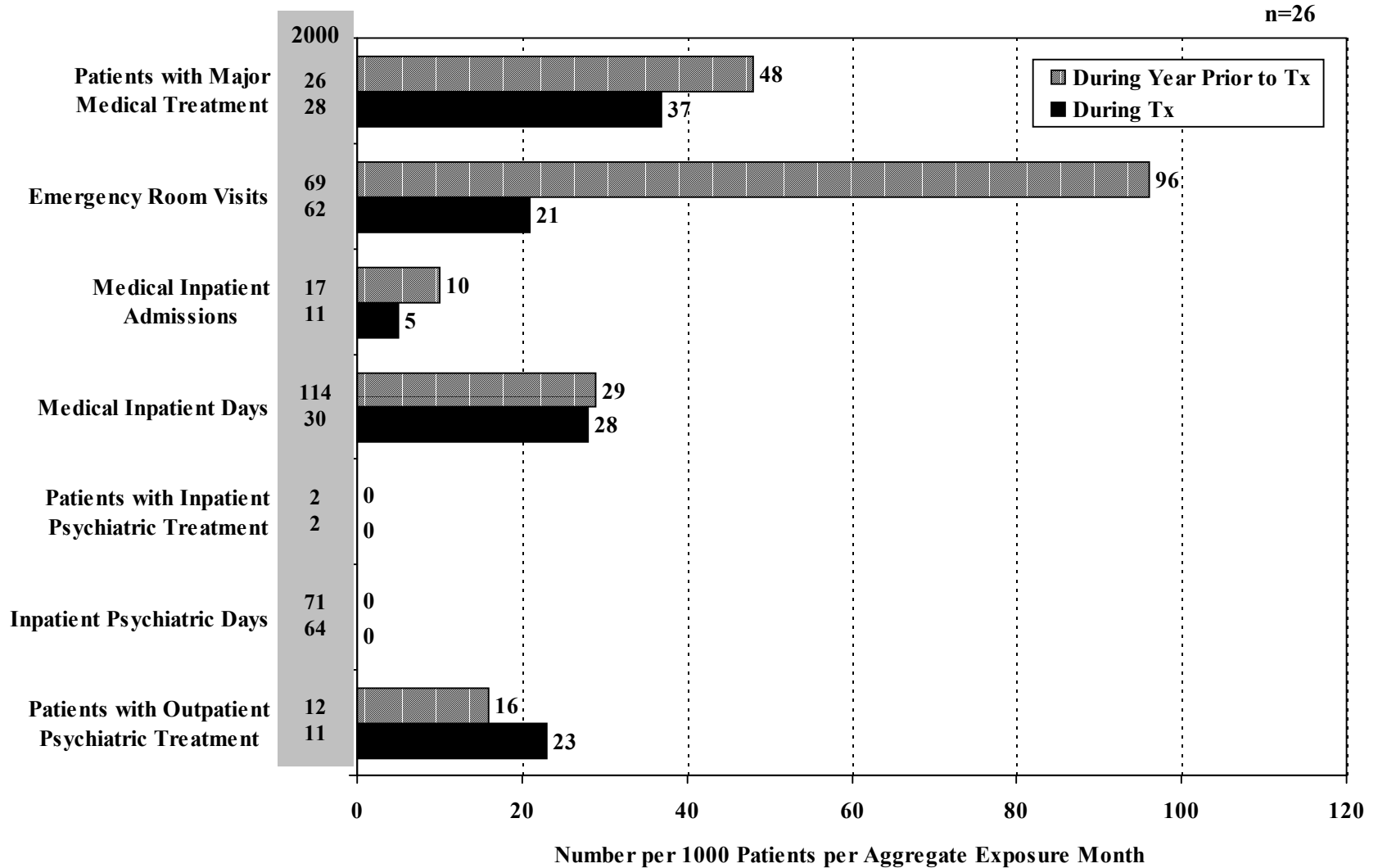
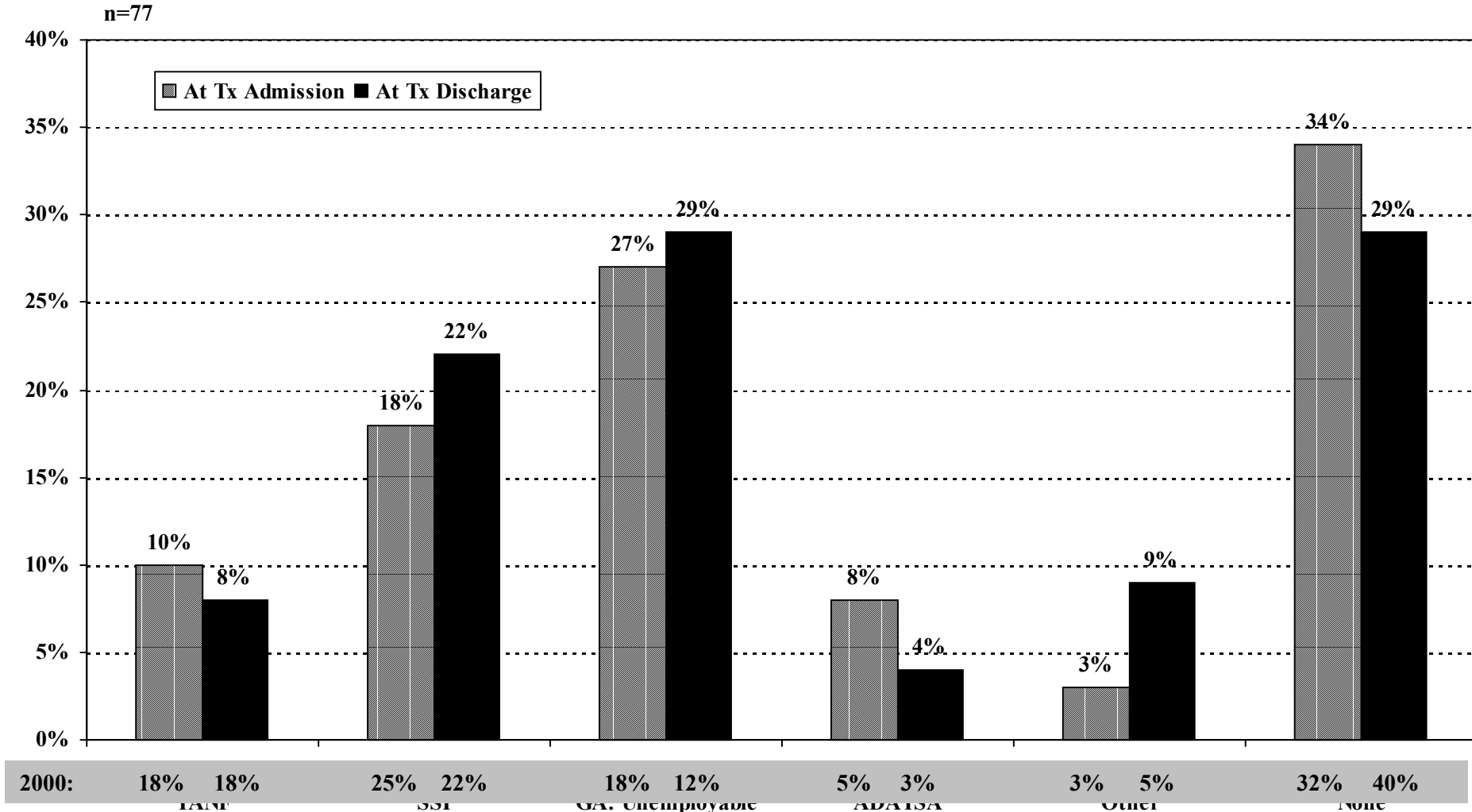


Chart I-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001**



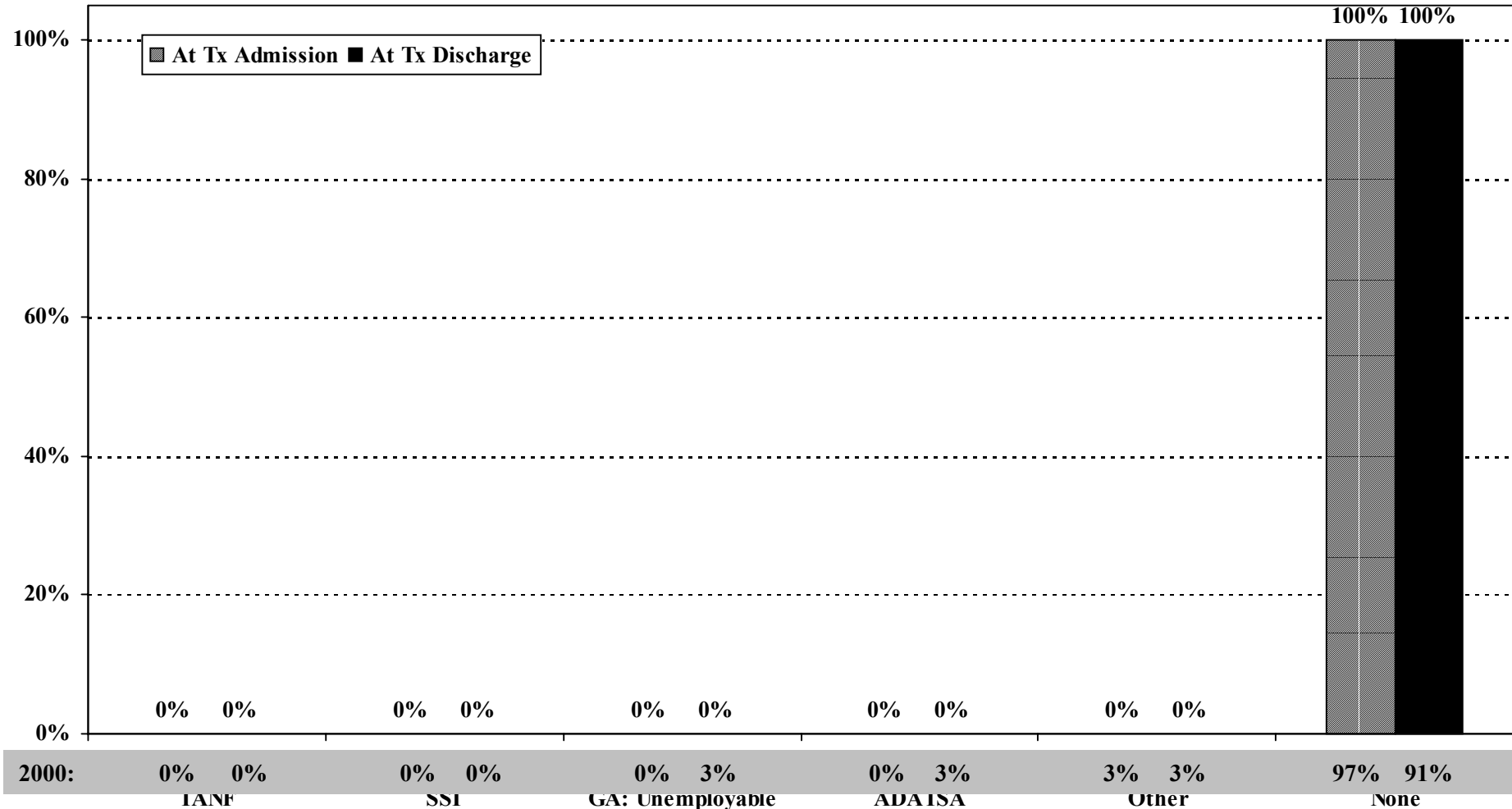
"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart I-8

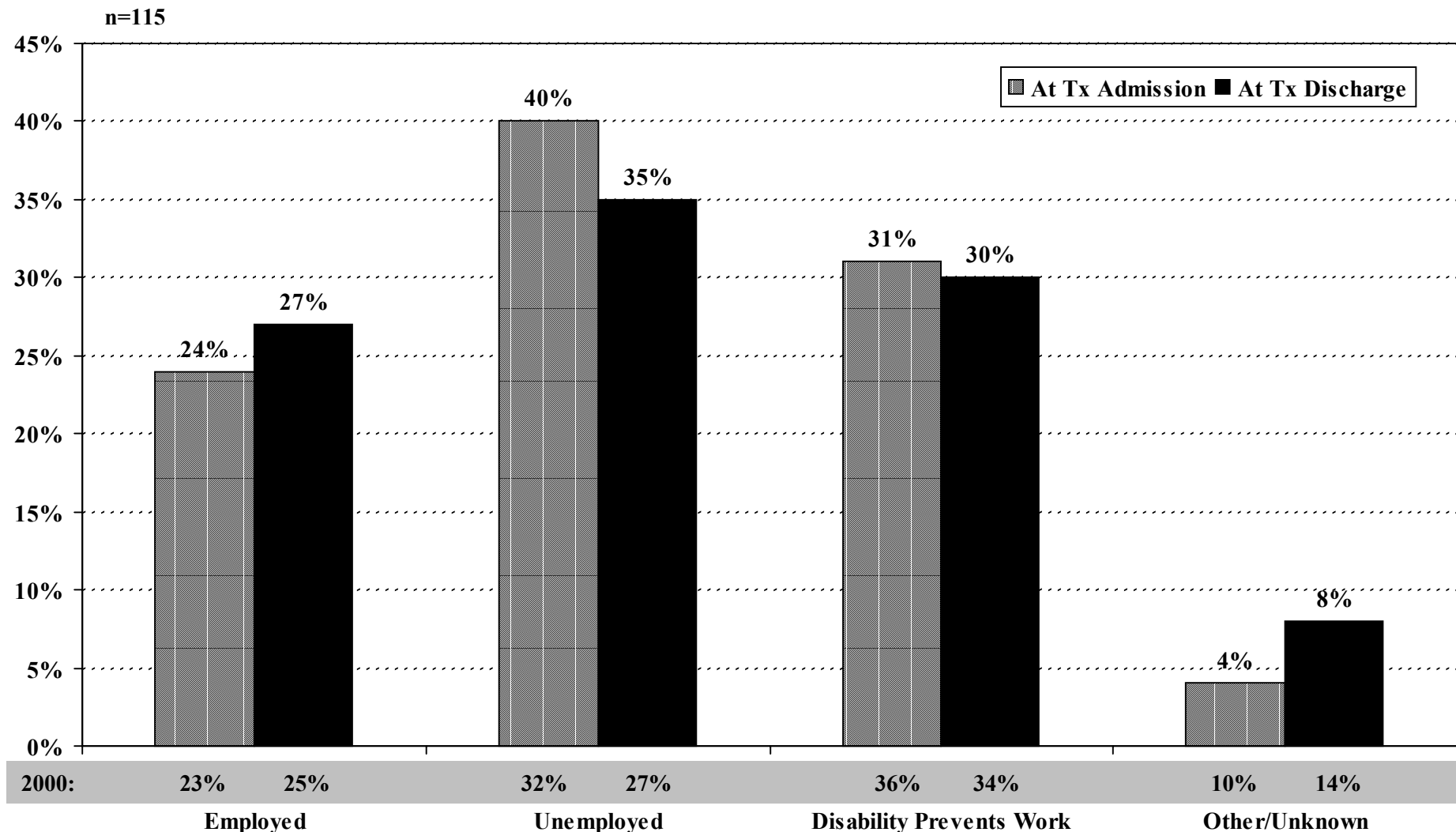
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001**

n=26



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart I-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001

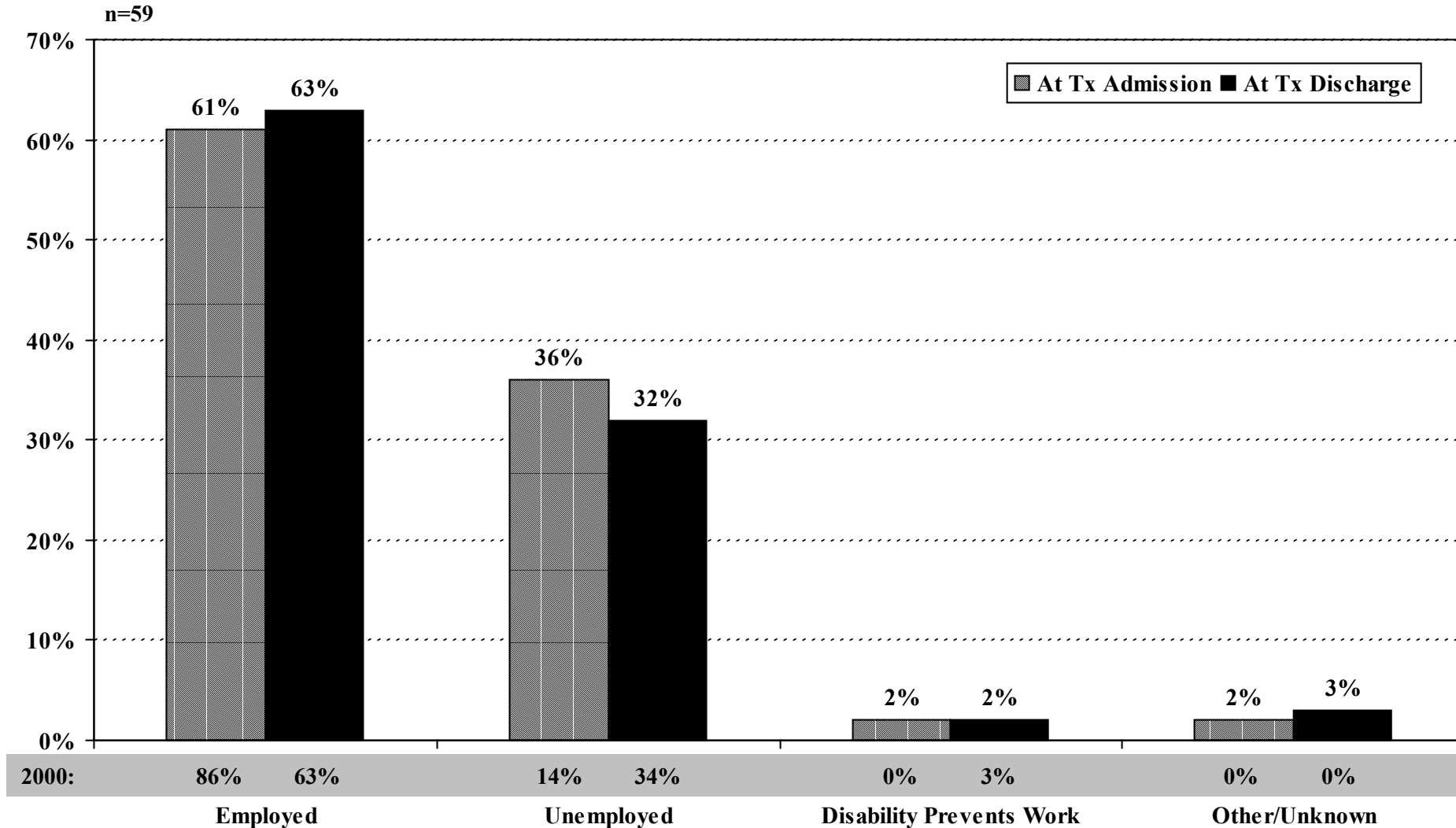


“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart I-10

**Employment Status Among Opiate Substitution Patients Before/After Treatment:
*Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001***



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart I-11

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Primary Unit, Publicly Funded Patients – Jan.-Sept. 2001**

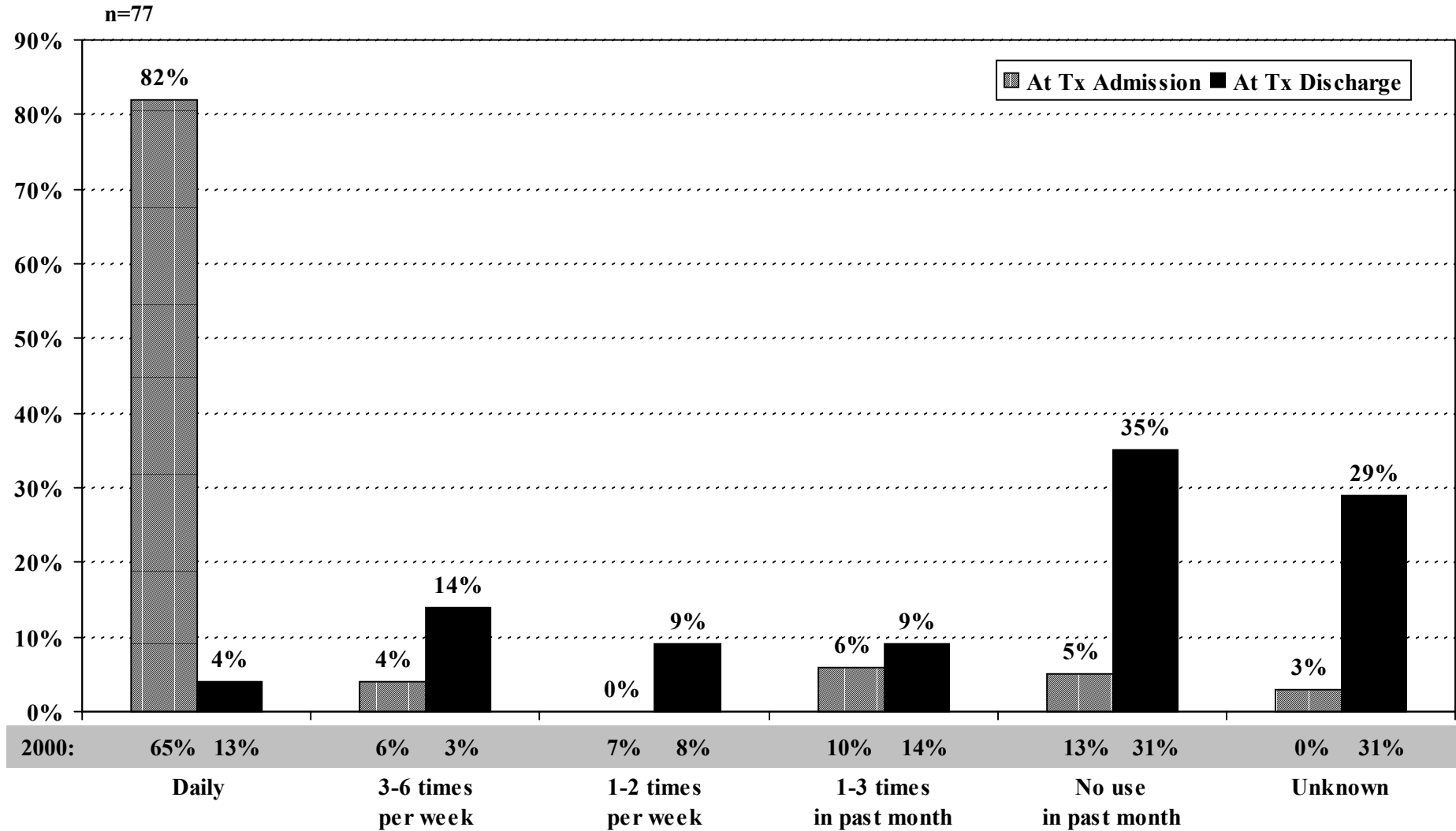
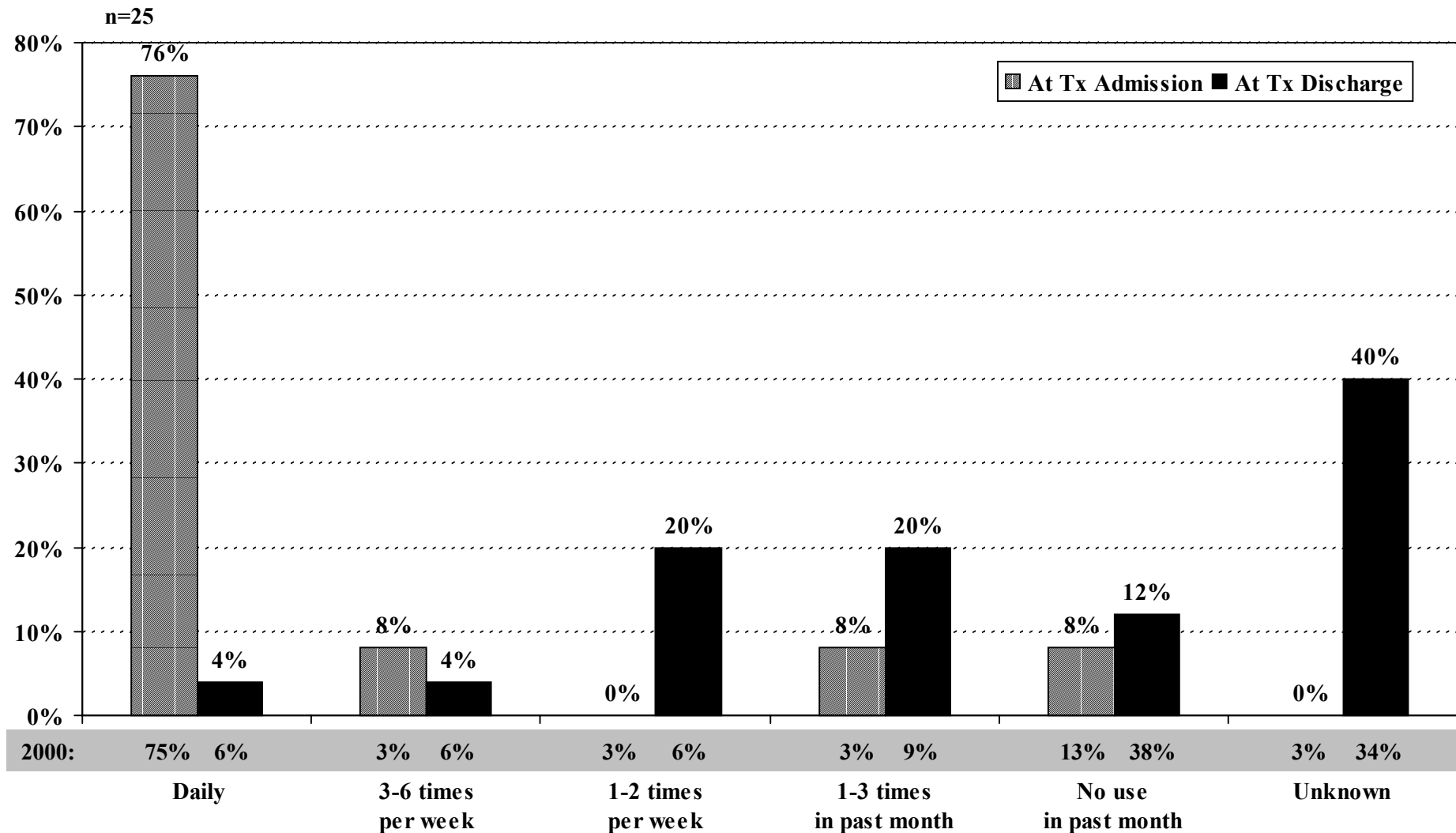


Chart I-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Primary Unit, Private-Pay Patients – Jan.-Sept. 2001



Evergreen Treatment Services – Unit 2

Chart J-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001

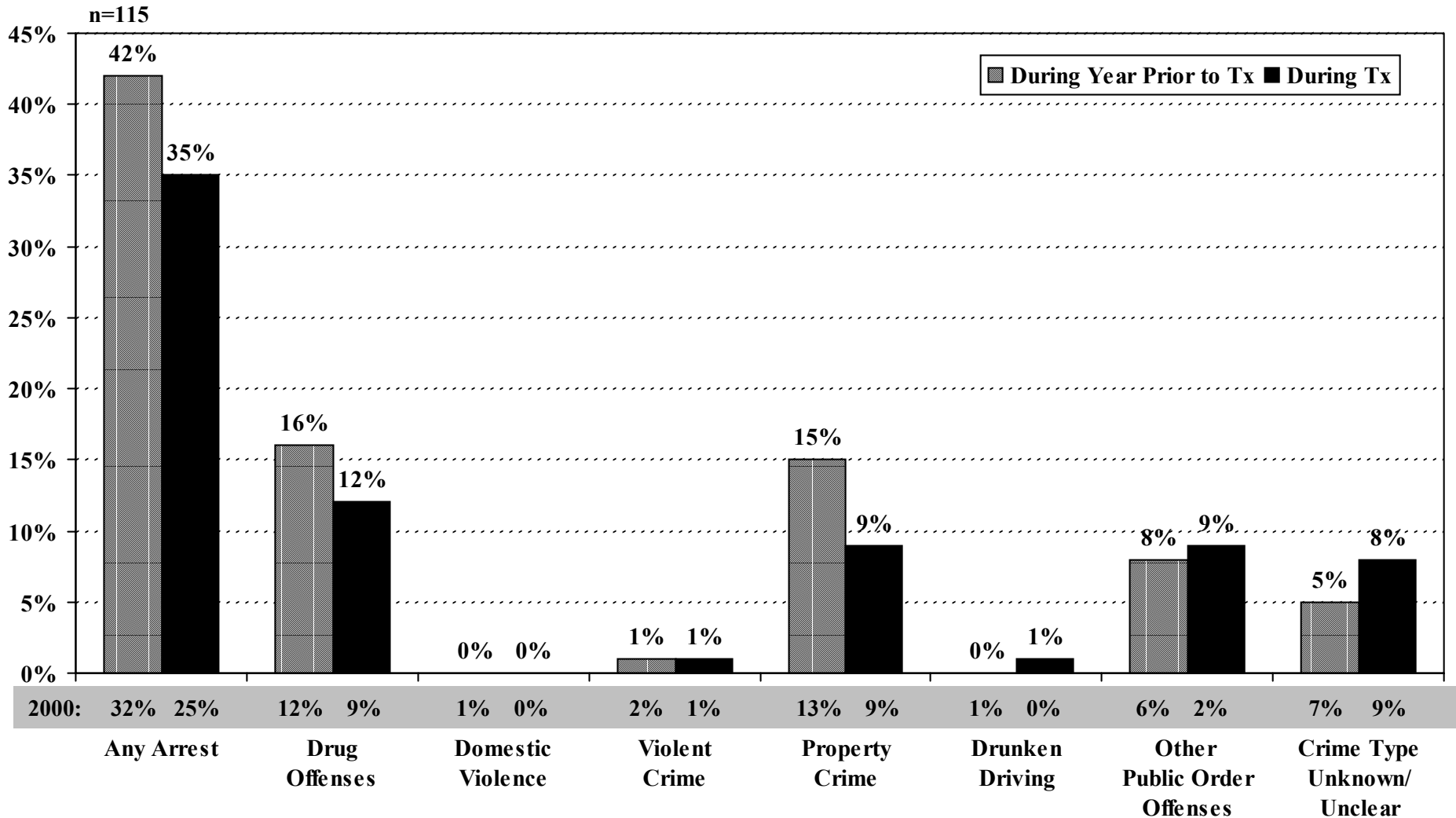


Chart J-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001

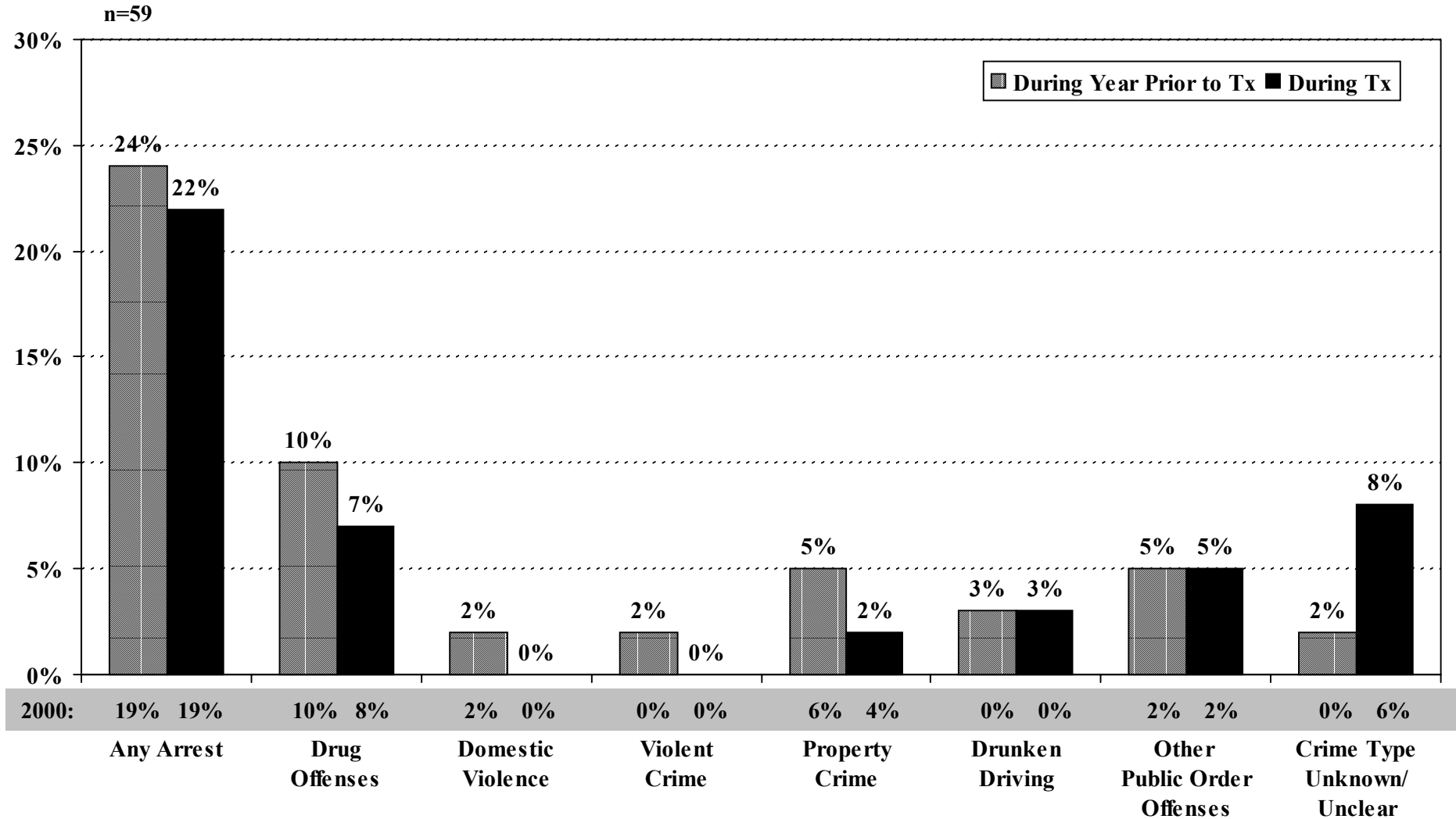


Chart J-3
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001

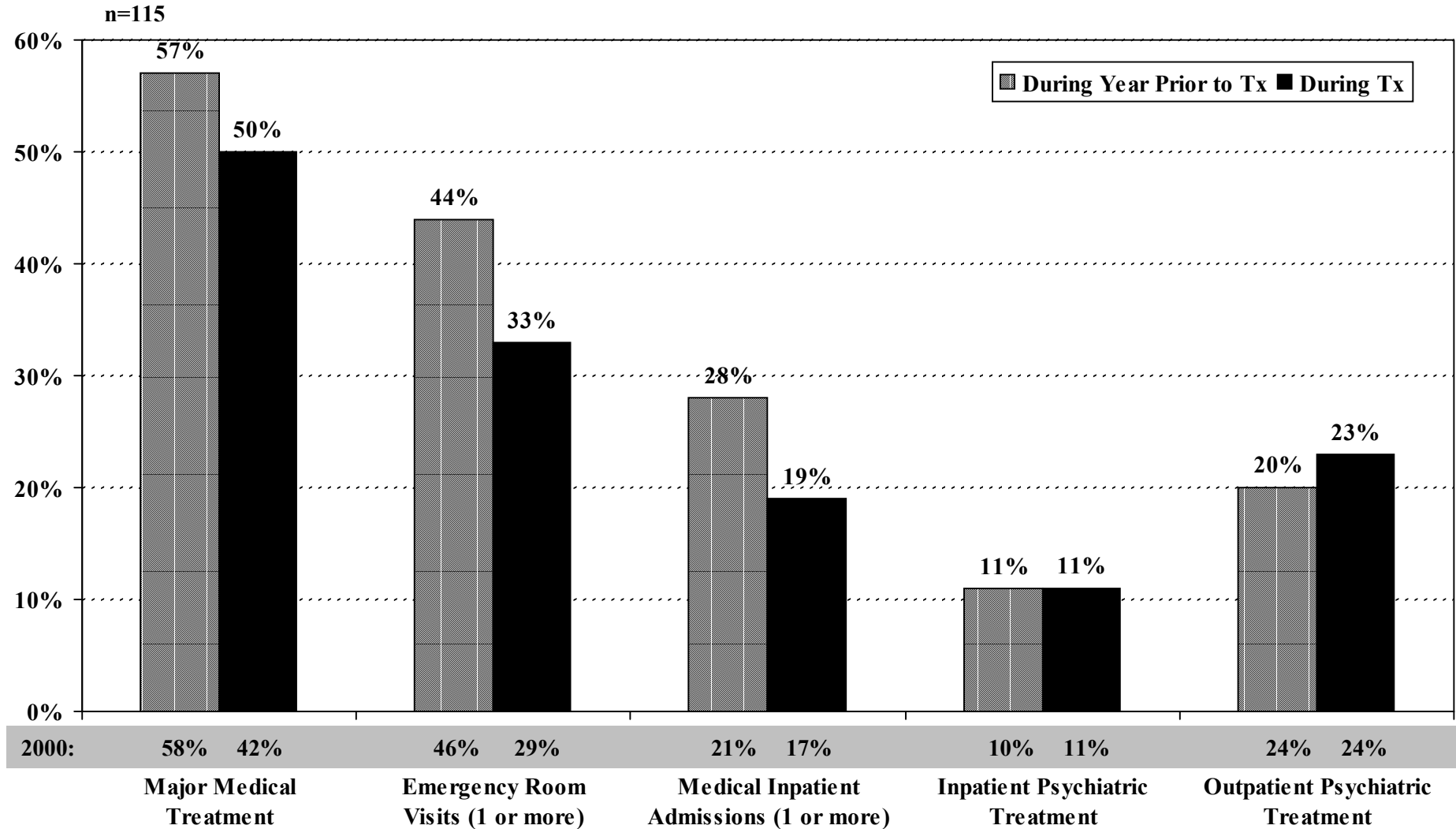


Chart J-4

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001**

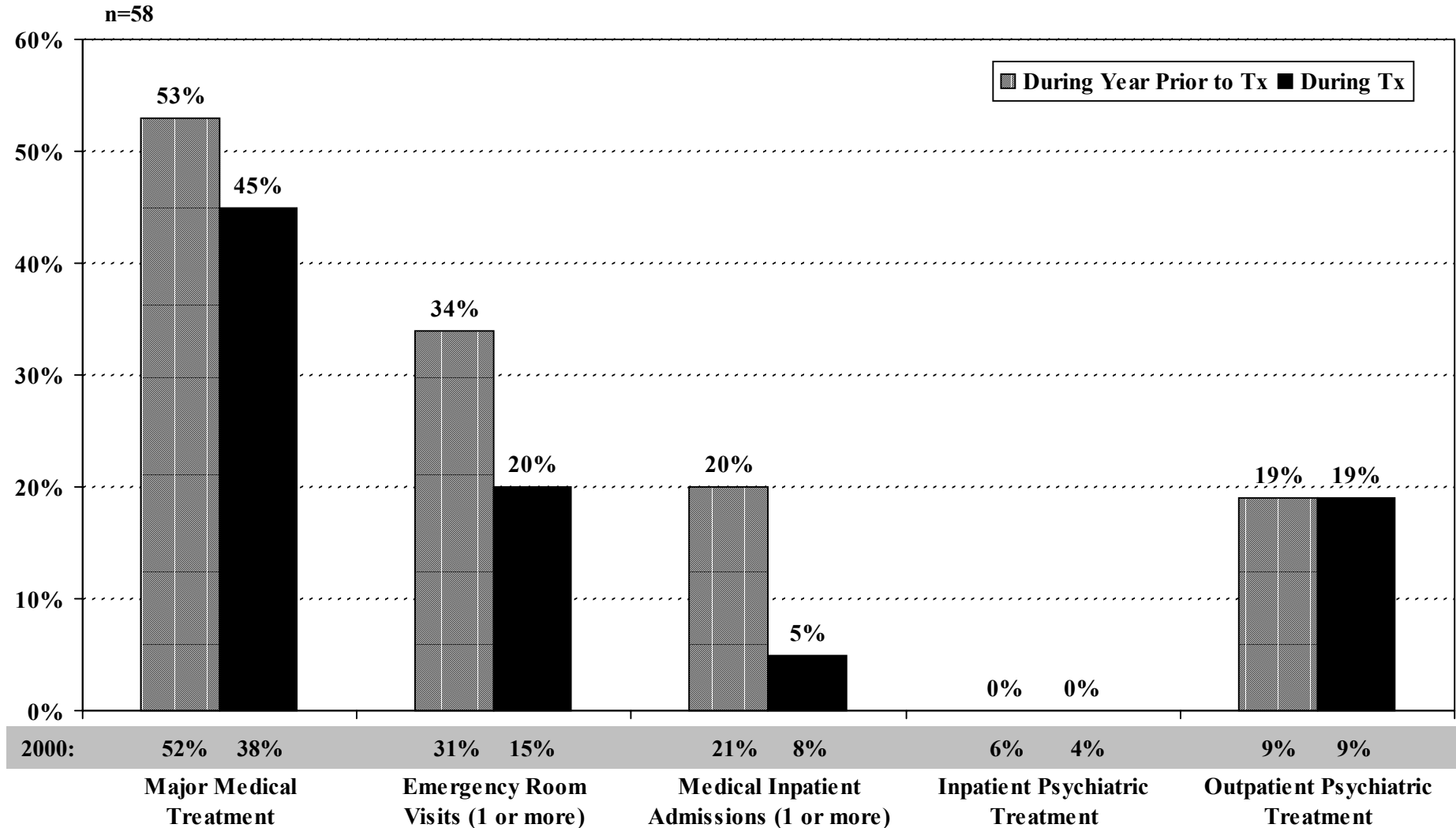


Chart J-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001**

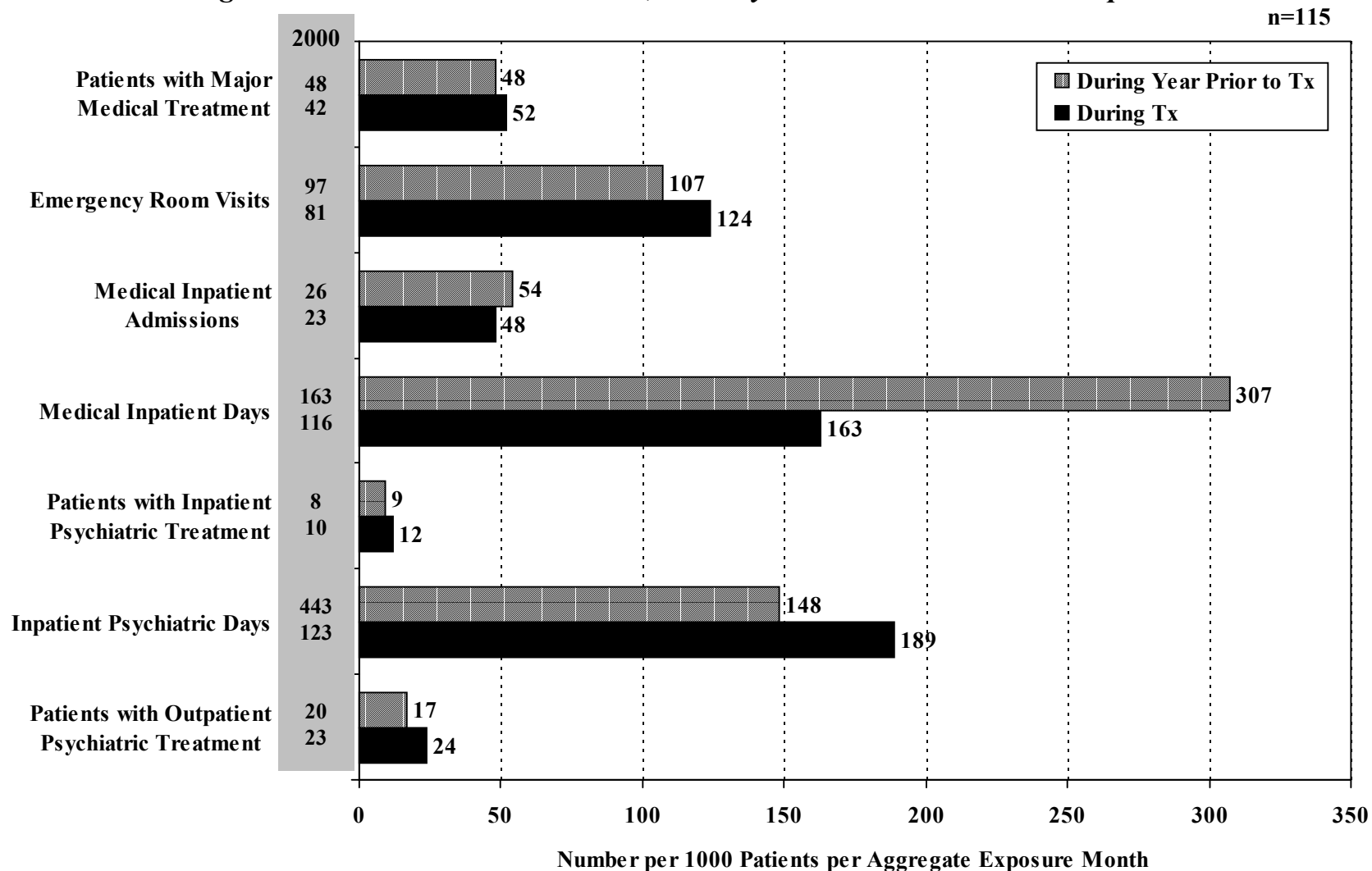


Chart J-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001**

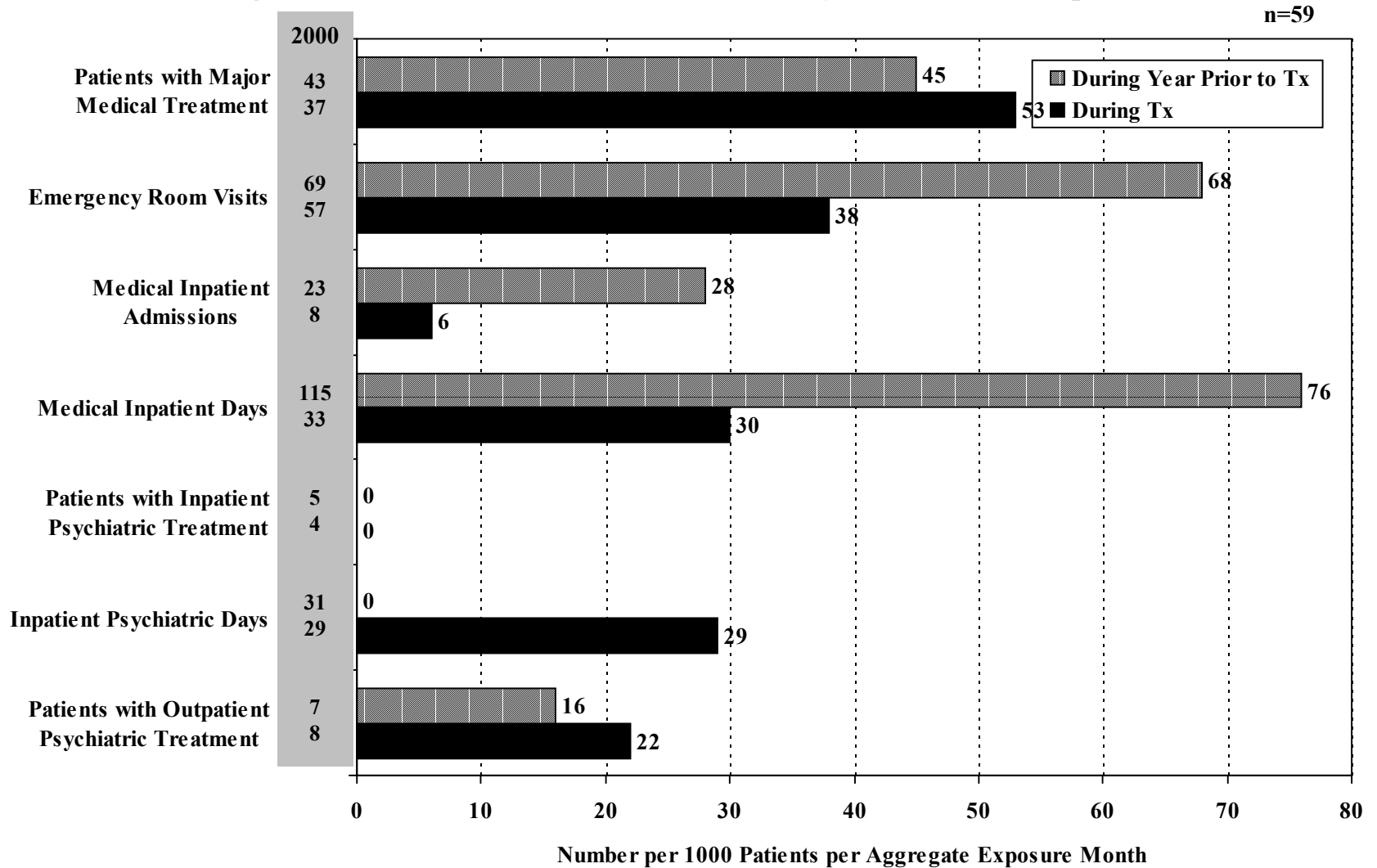
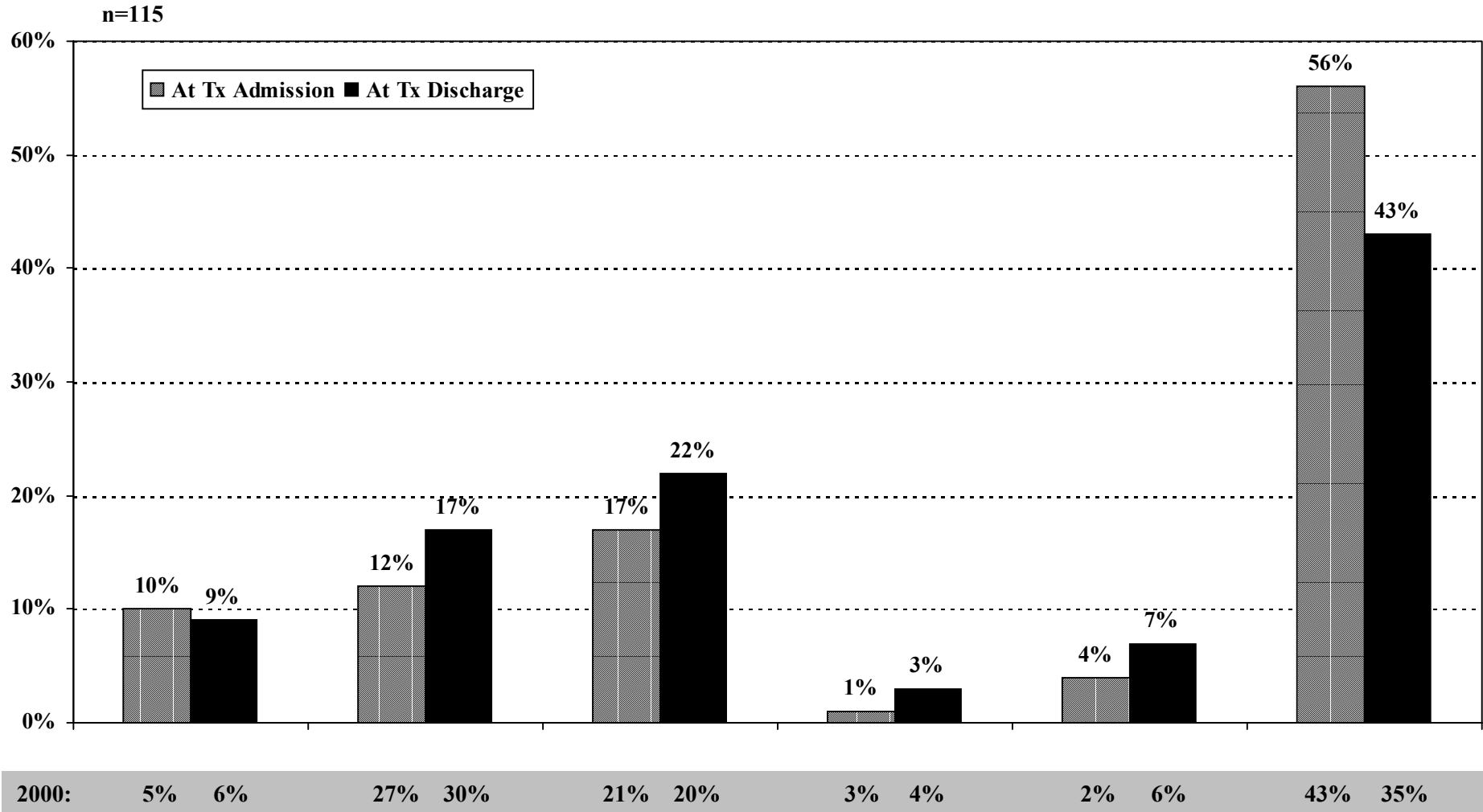


Chart J-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001**

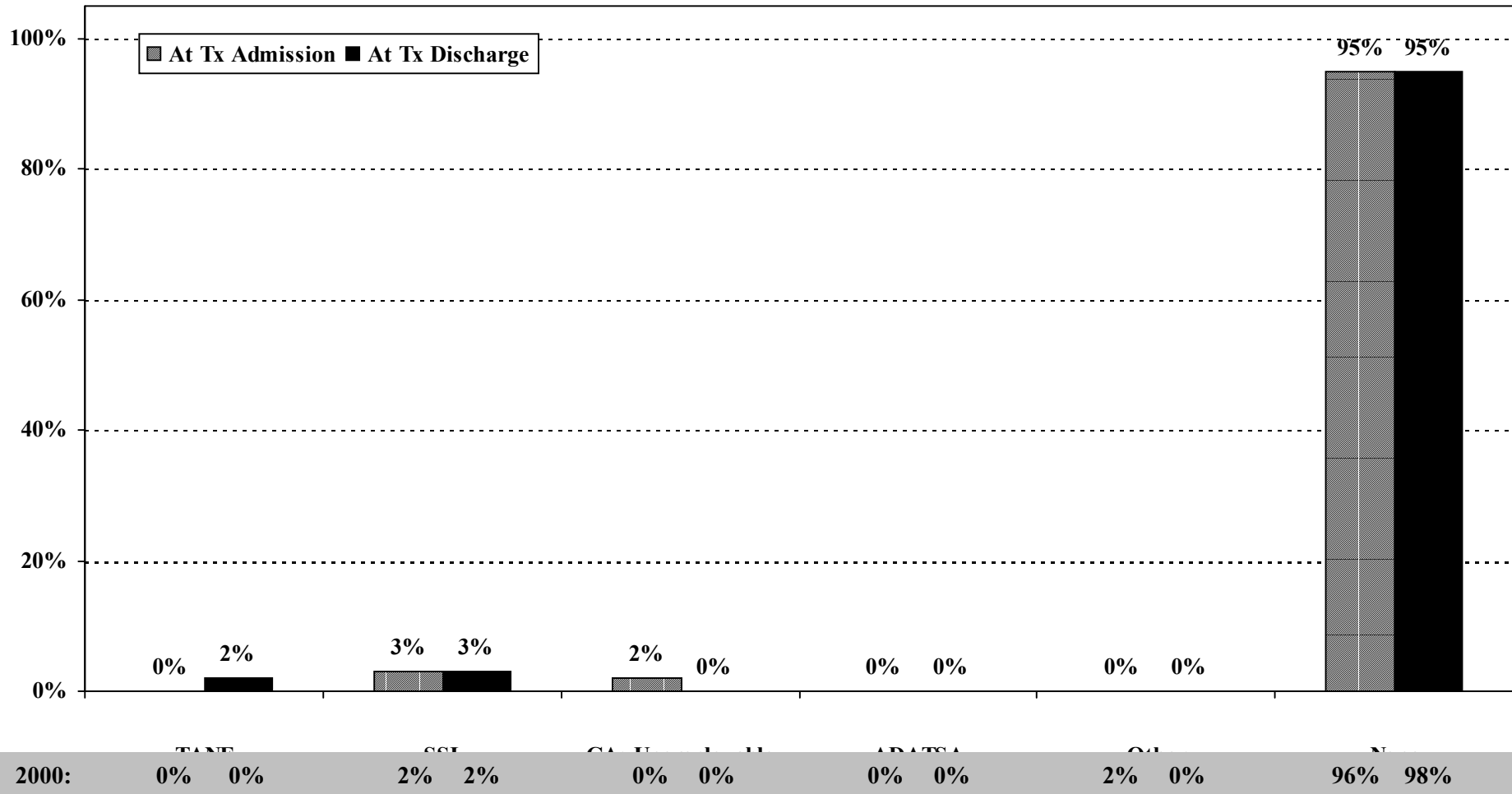


"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance. "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart J-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001**

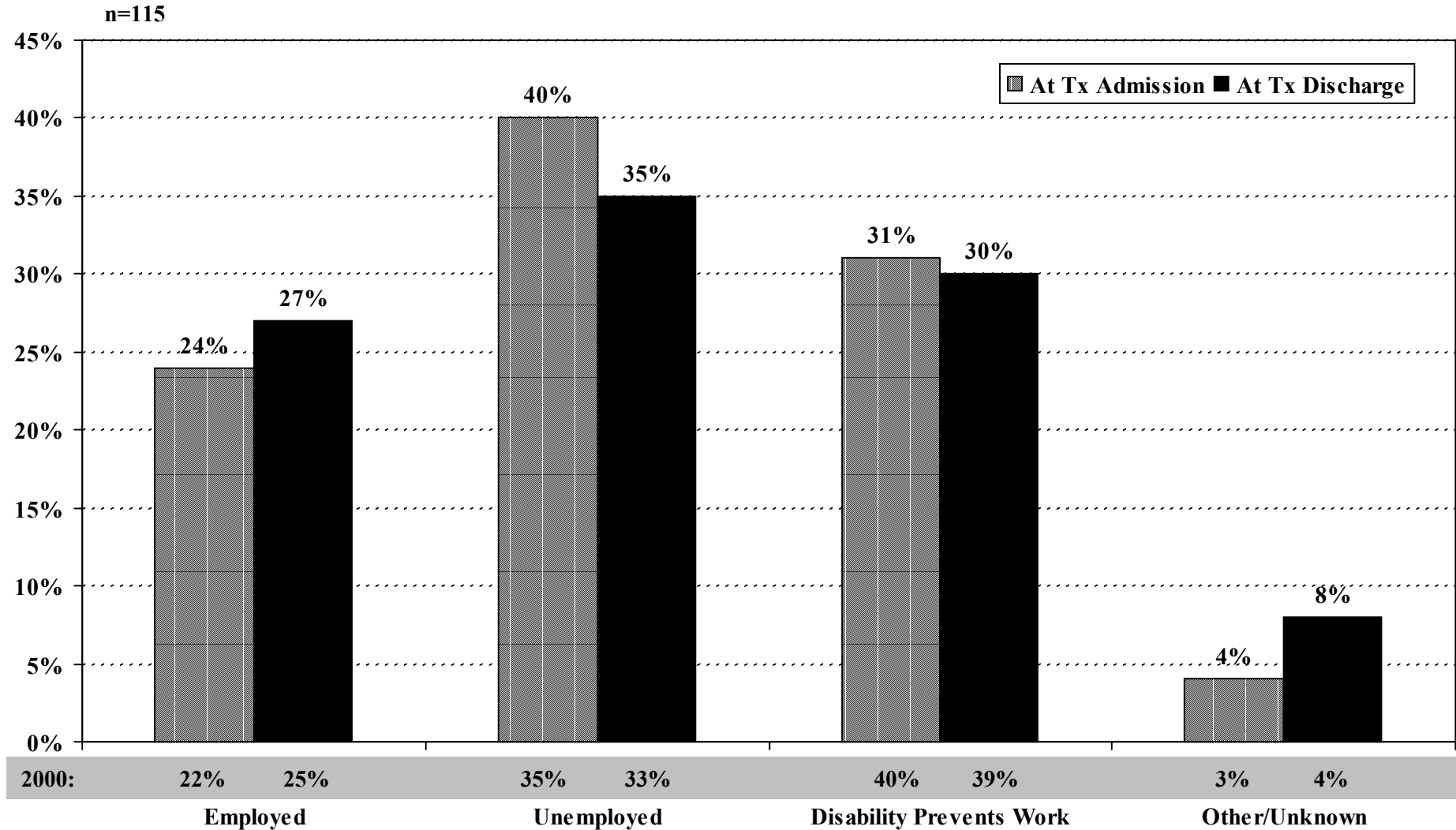
n=59



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance. "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

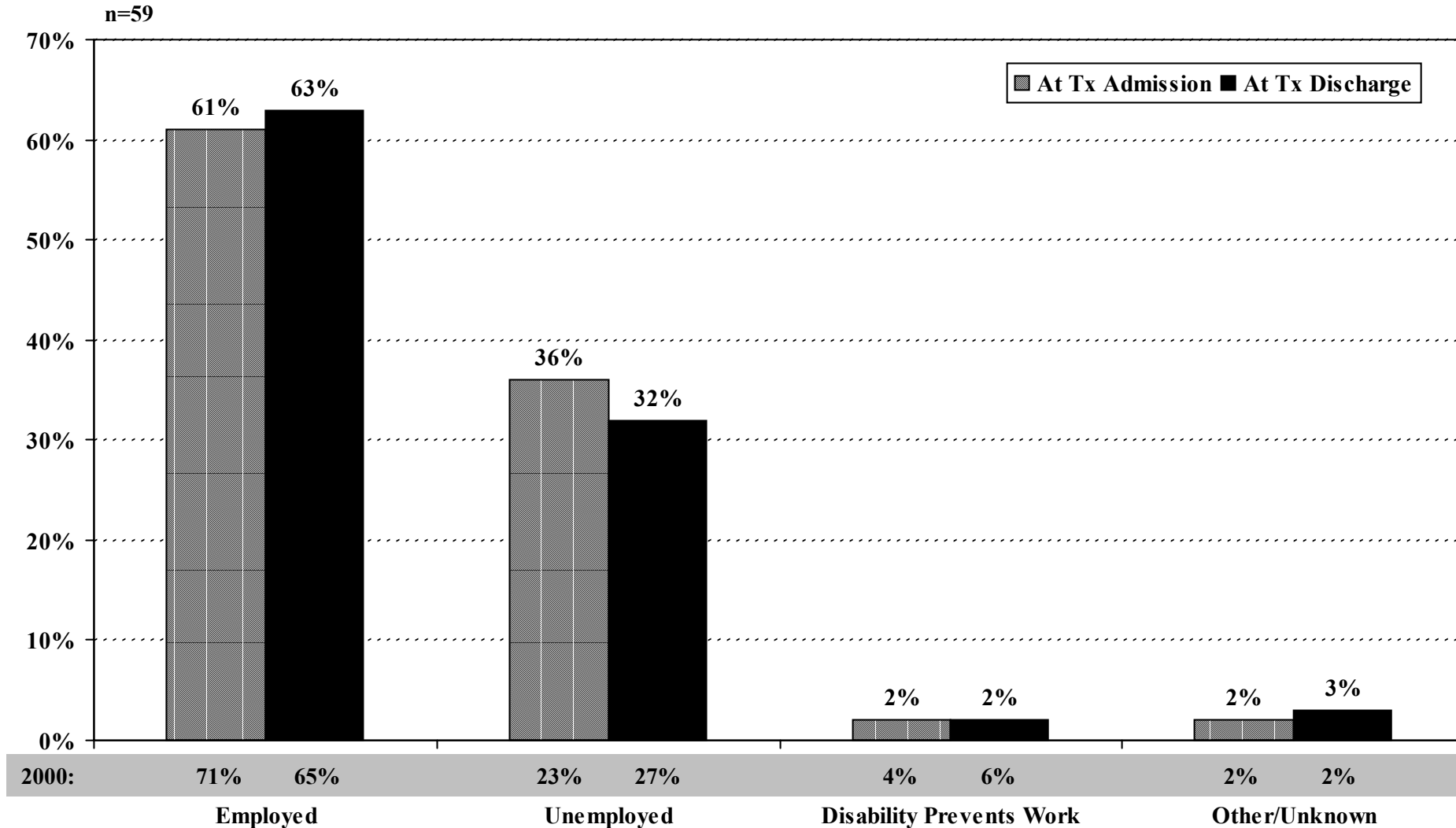
Chart J-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart J-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.
 “Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart J-11

Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 2, Publicly Funded Patients – Jan.-Sept. 2001

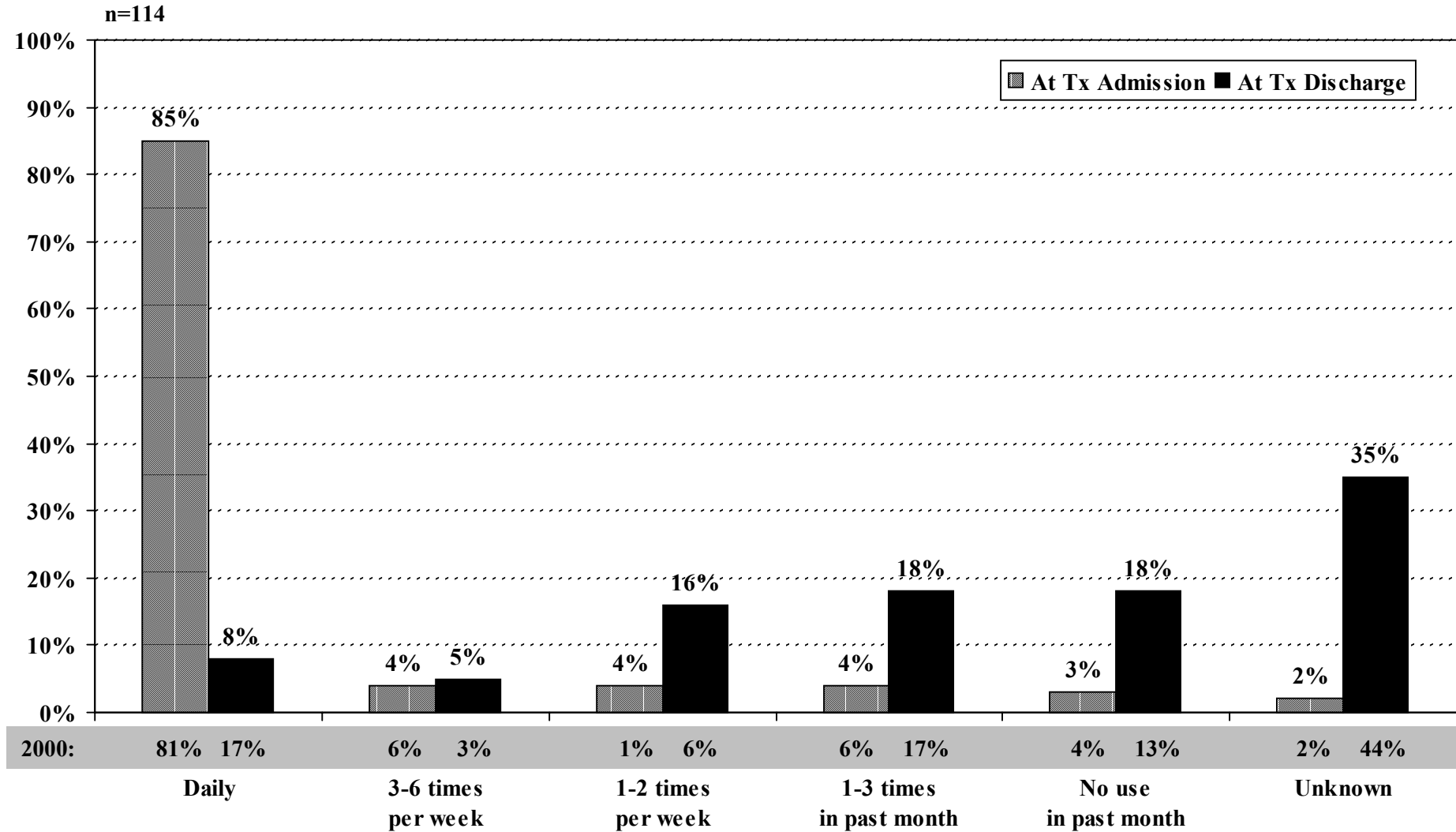
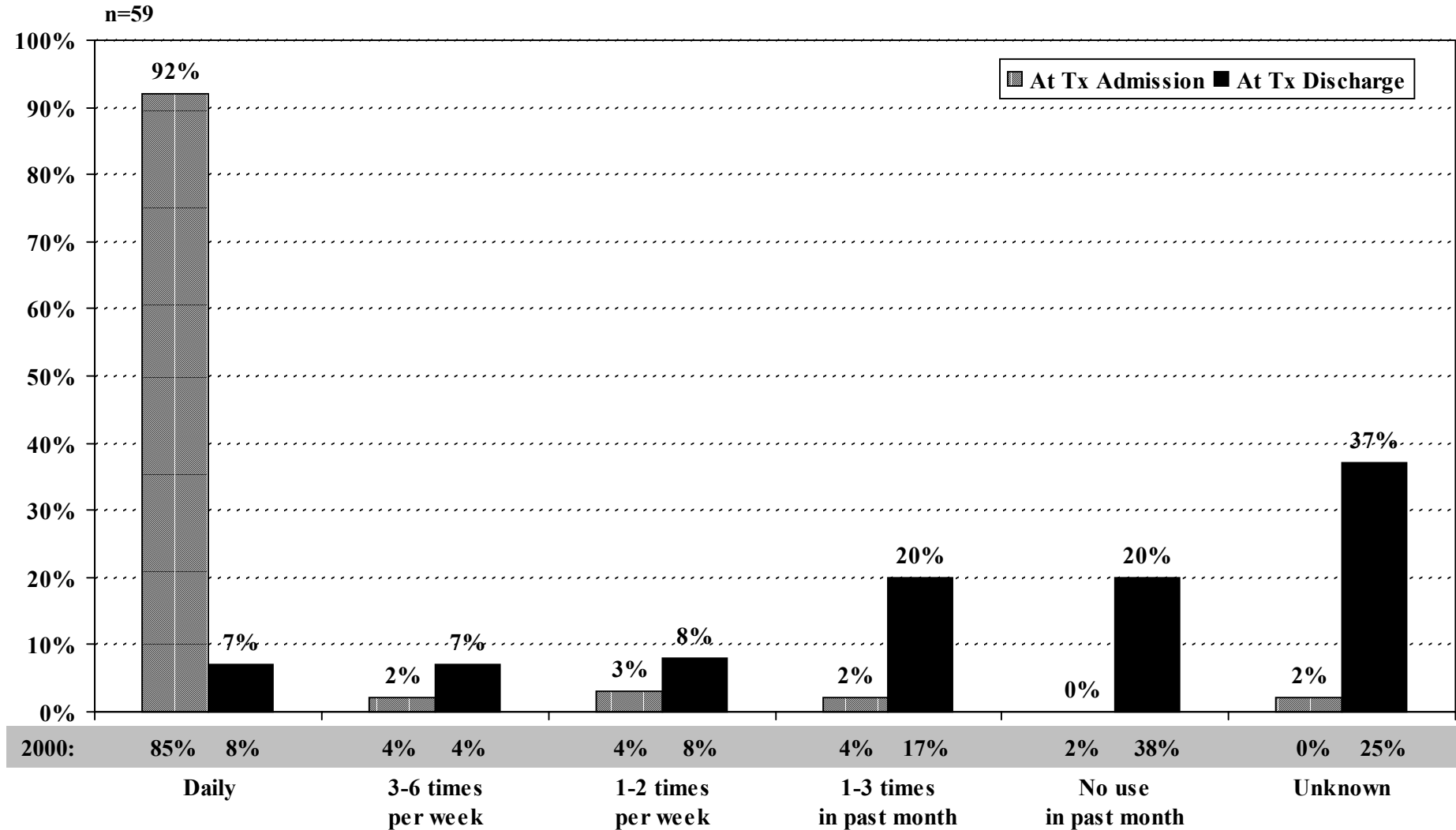


Chart J-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 2, Private-Pay Patients – Jan.-Sept. 2001



Evergreen Treatment Services – Unit 3

Chart K-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001

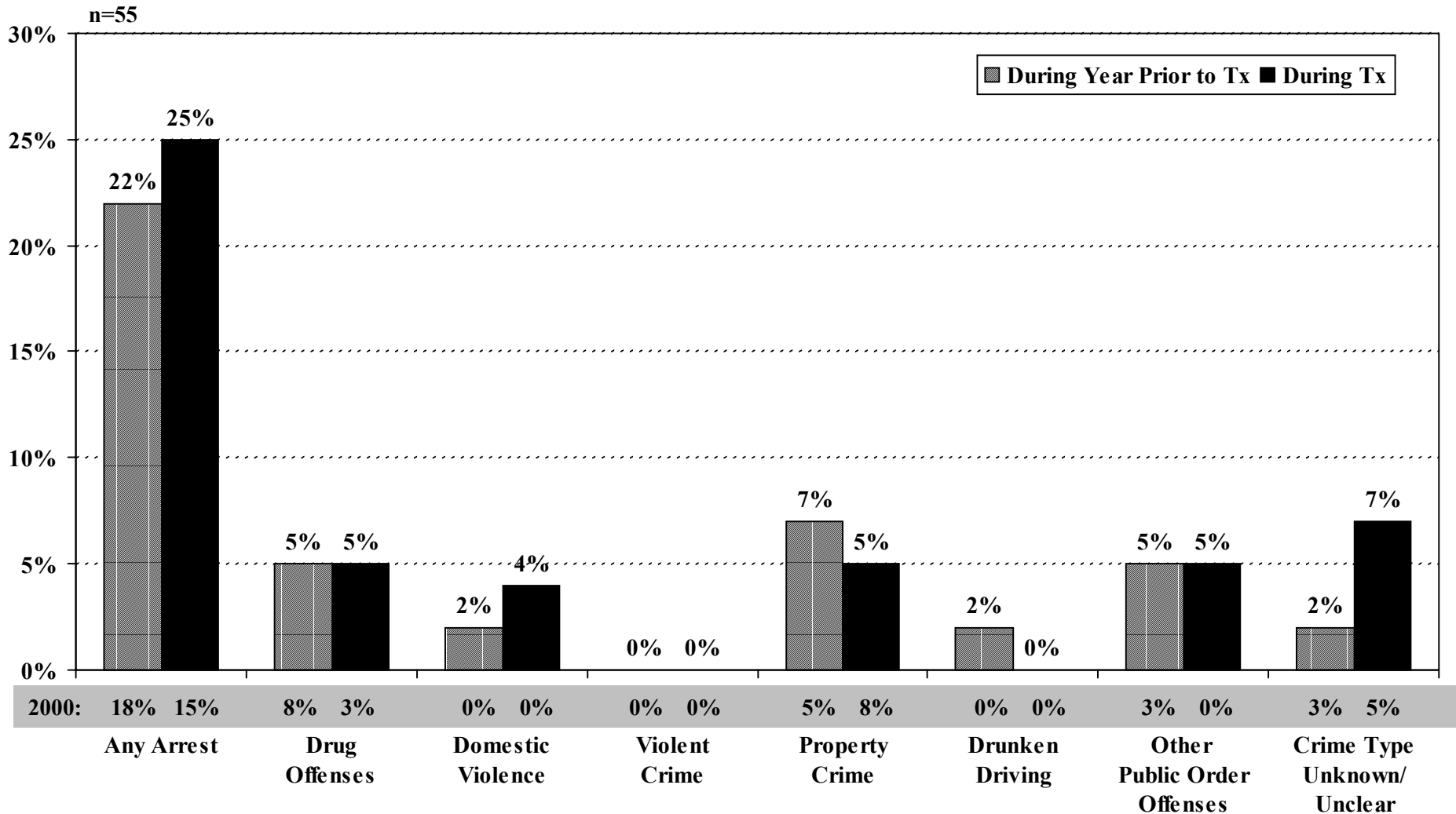
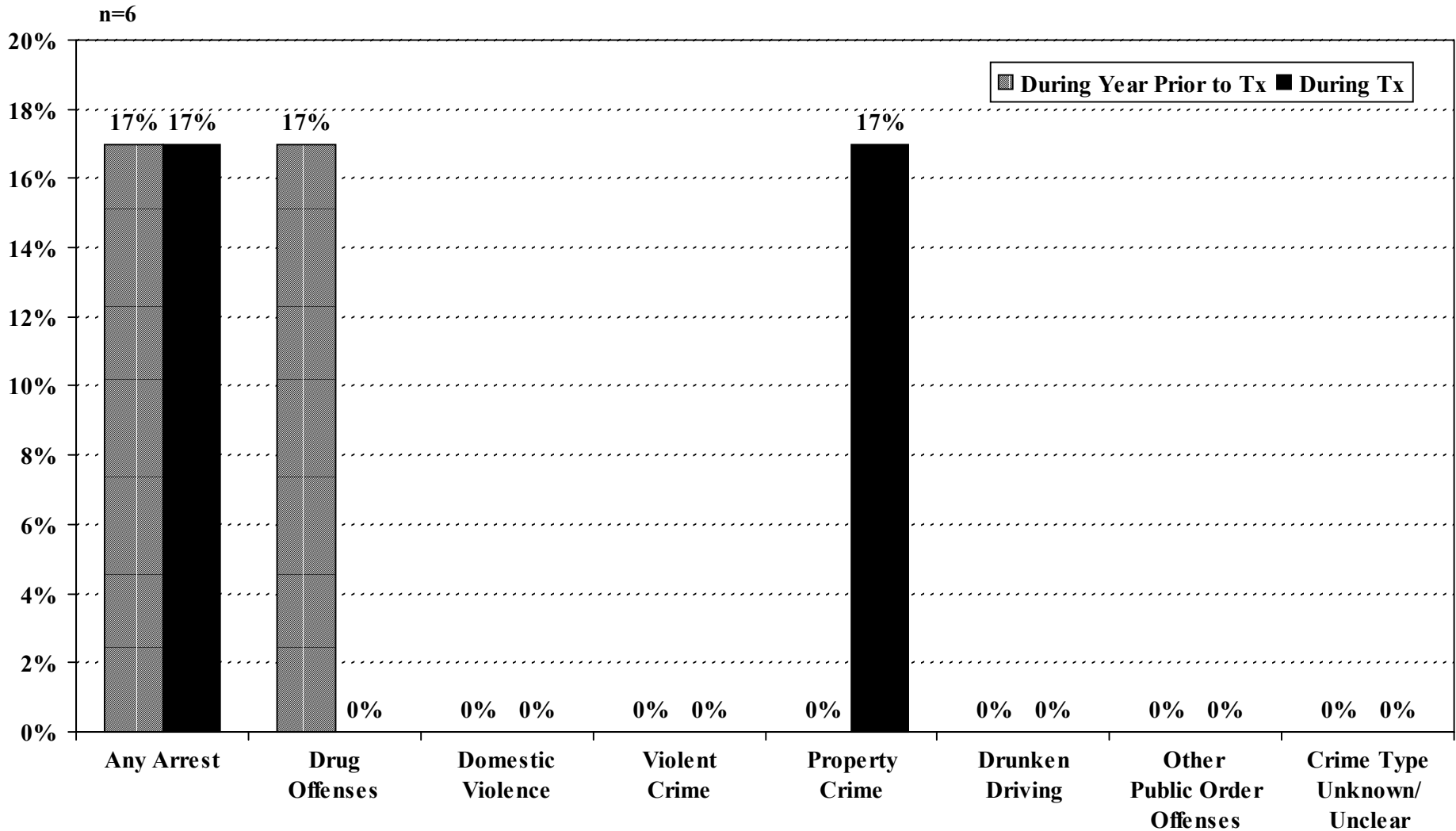


Chart K-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year’s Management Report due to their small sample size.

Chart K-3
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001

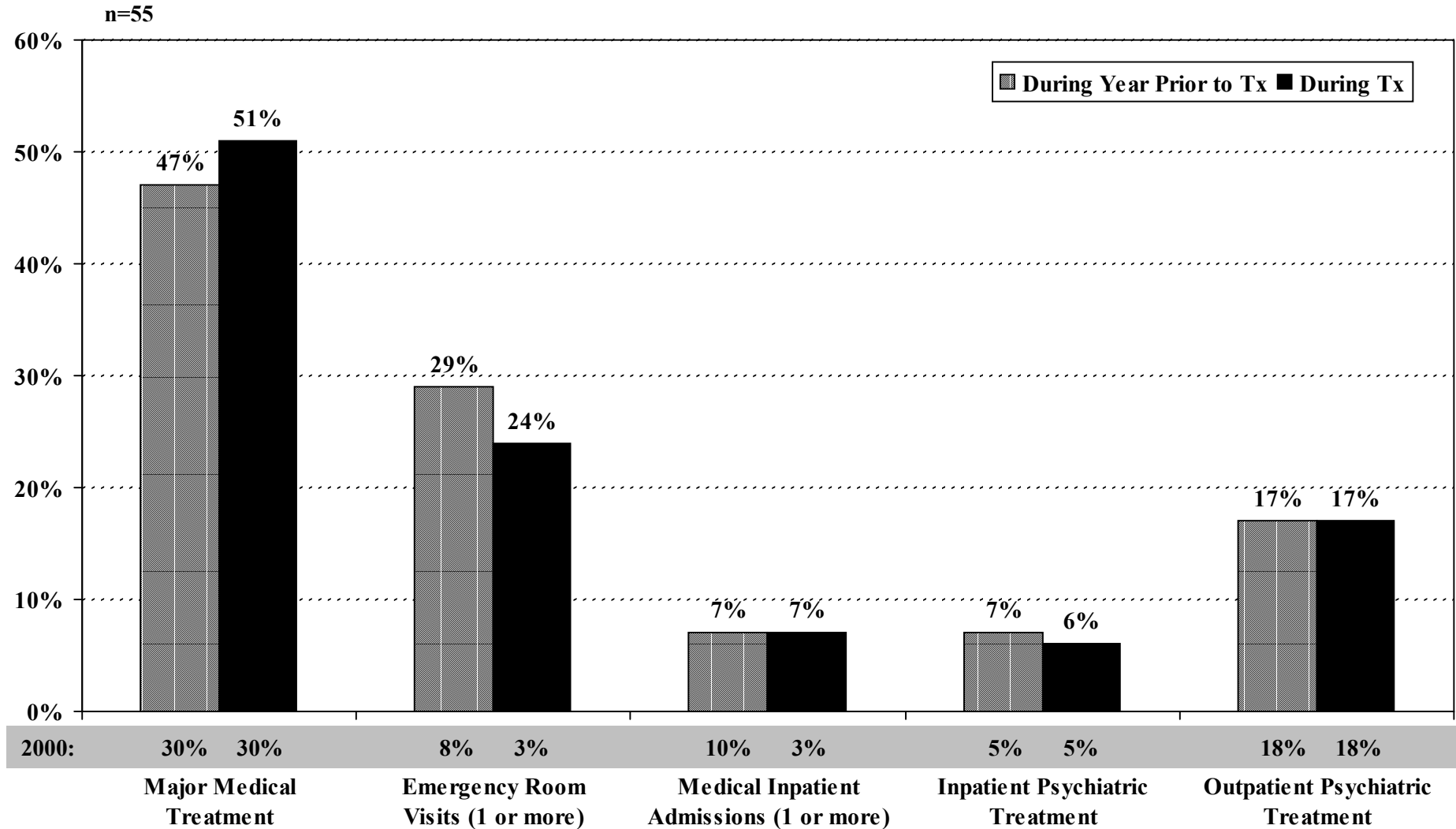
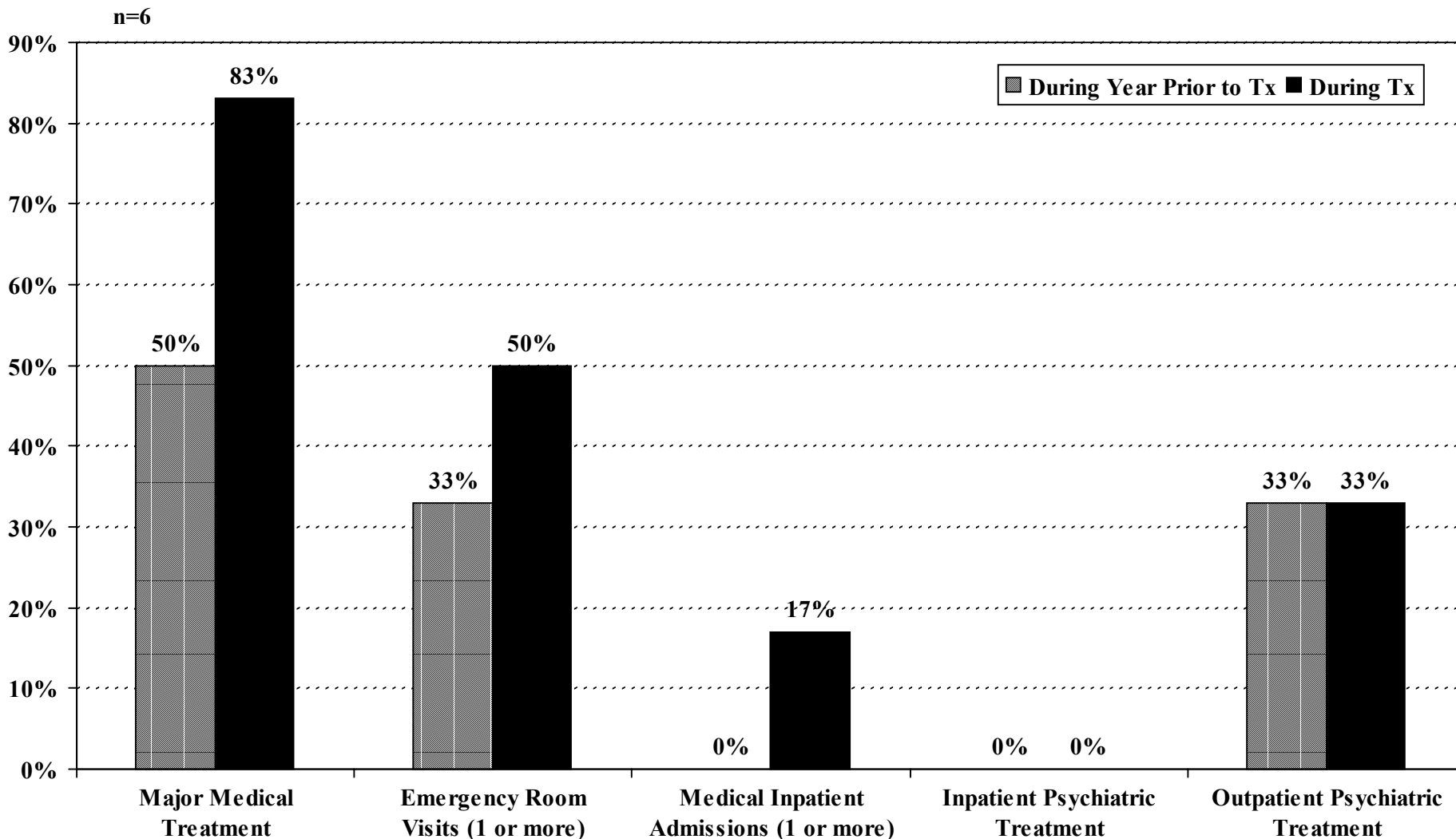


Chart K-4
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year’s Management Report due to their small sample size.

Chart K-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001**

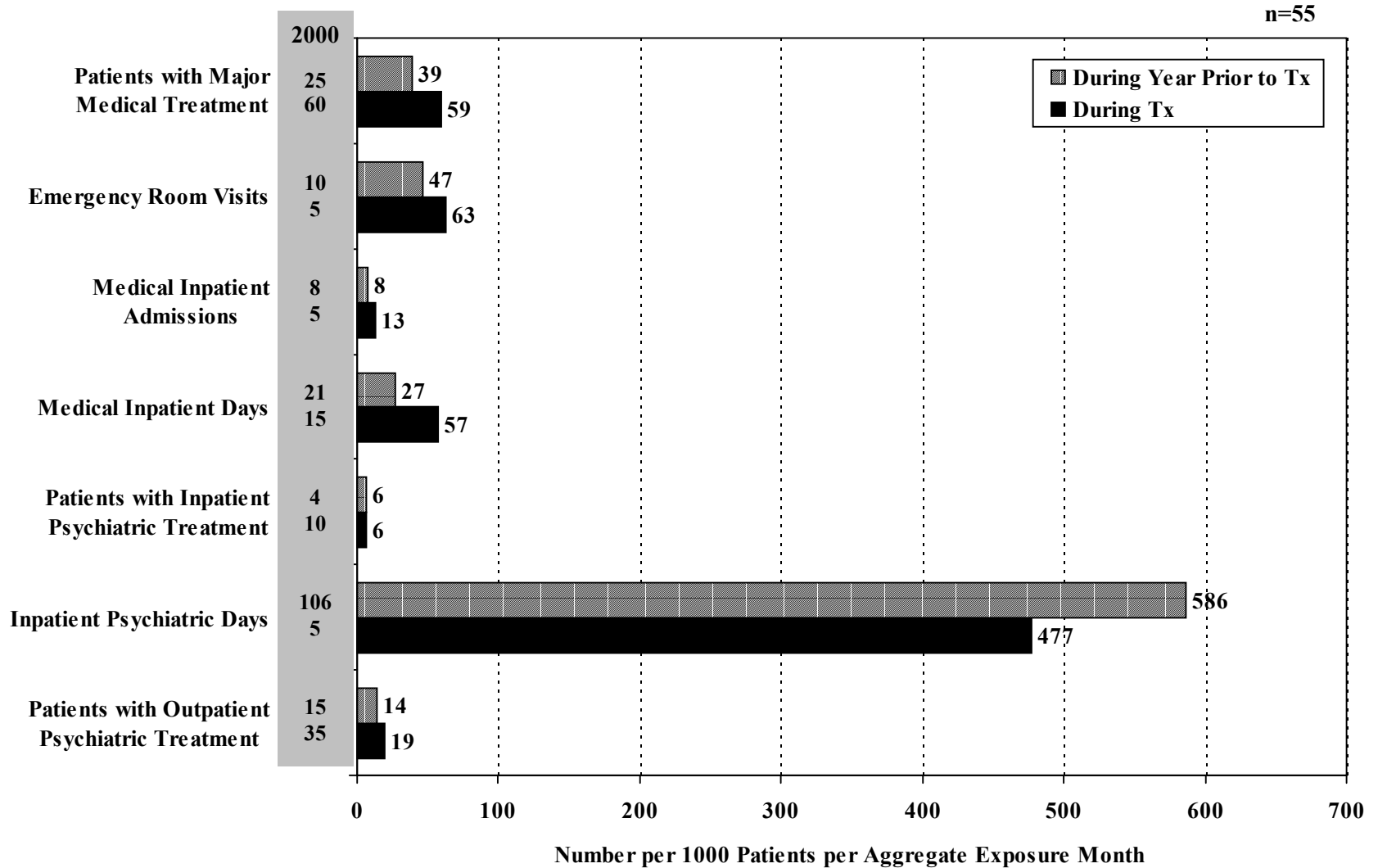
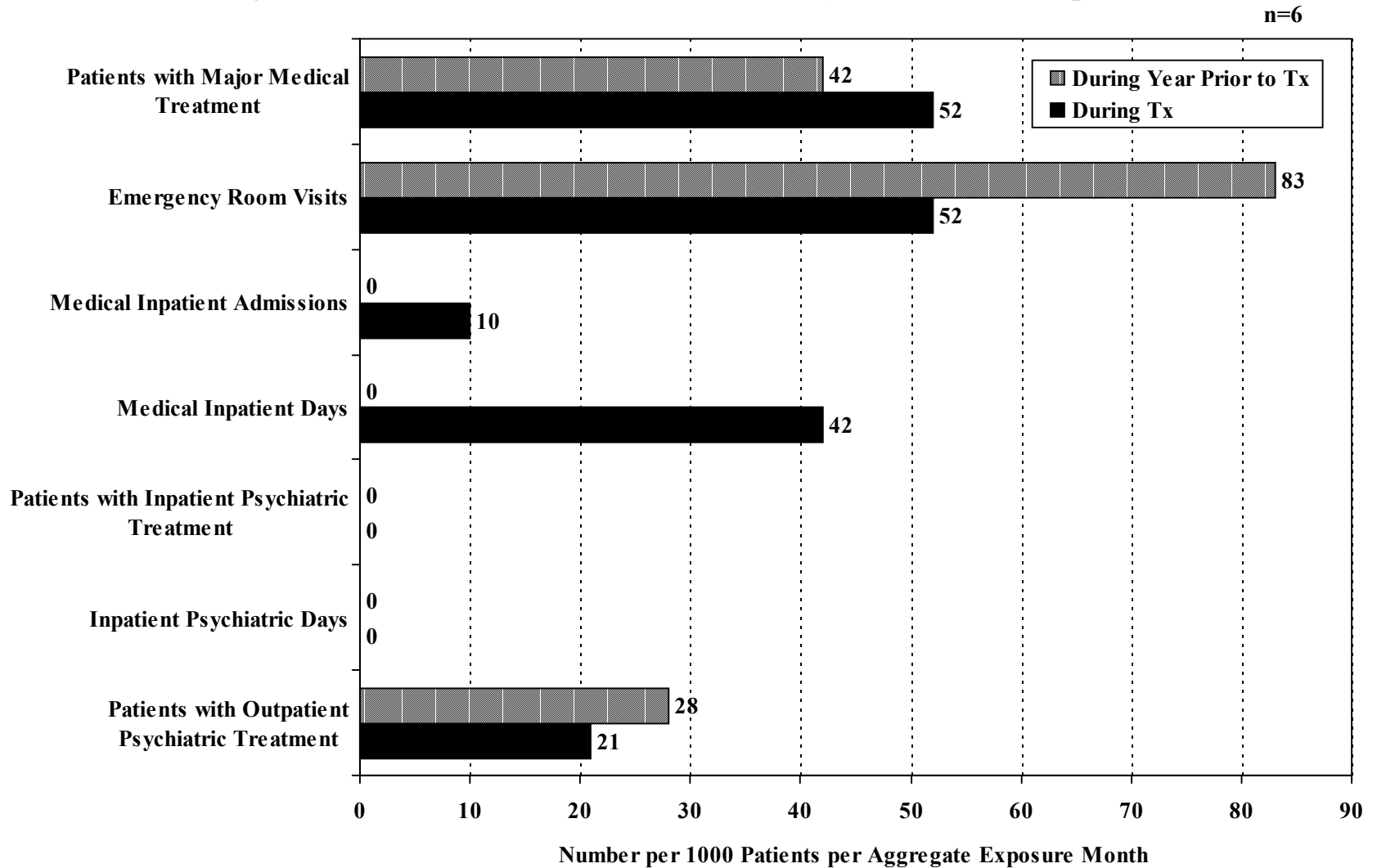


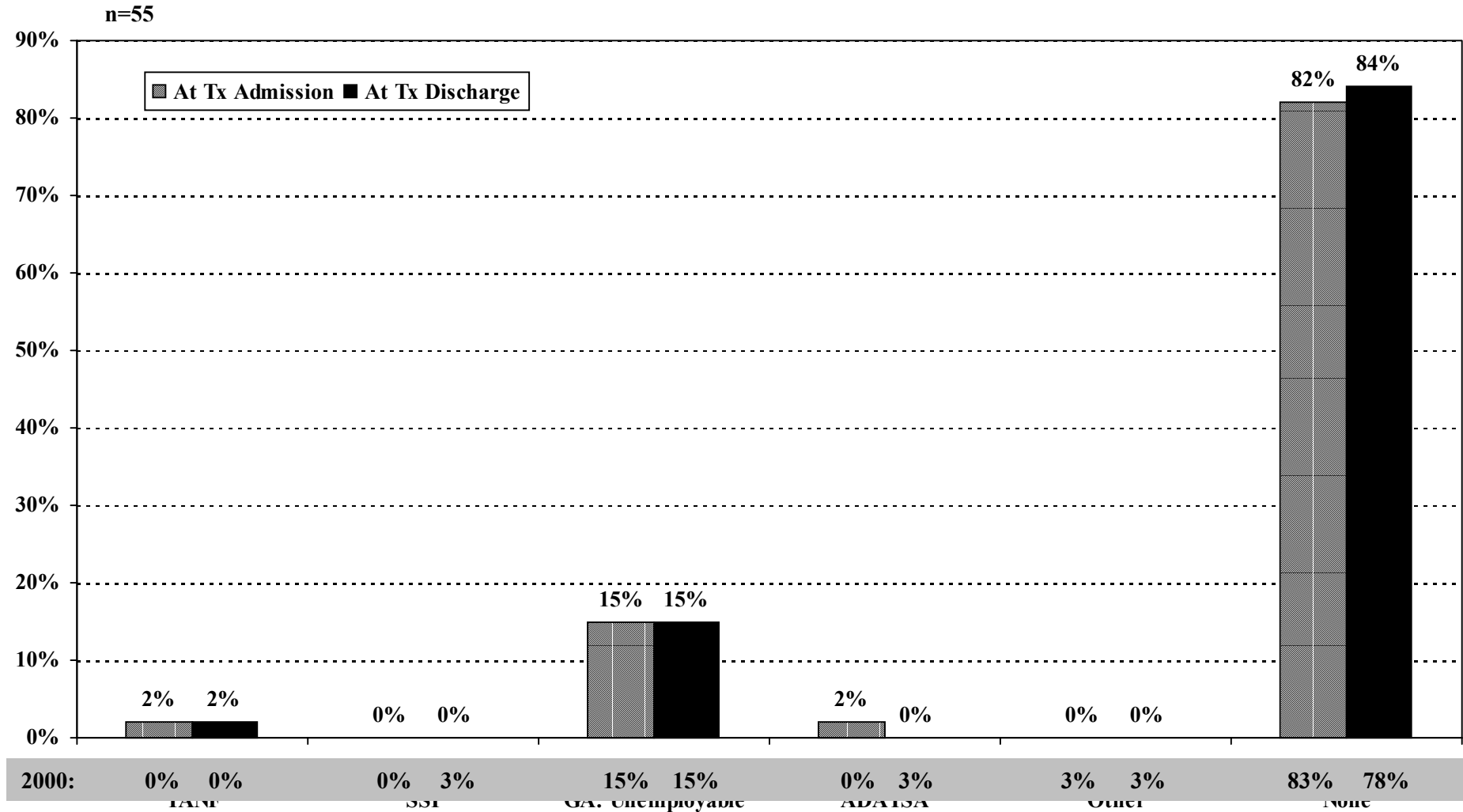
Chart K-6
Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year’s Management Report due to their small sample size.

Chart K-7

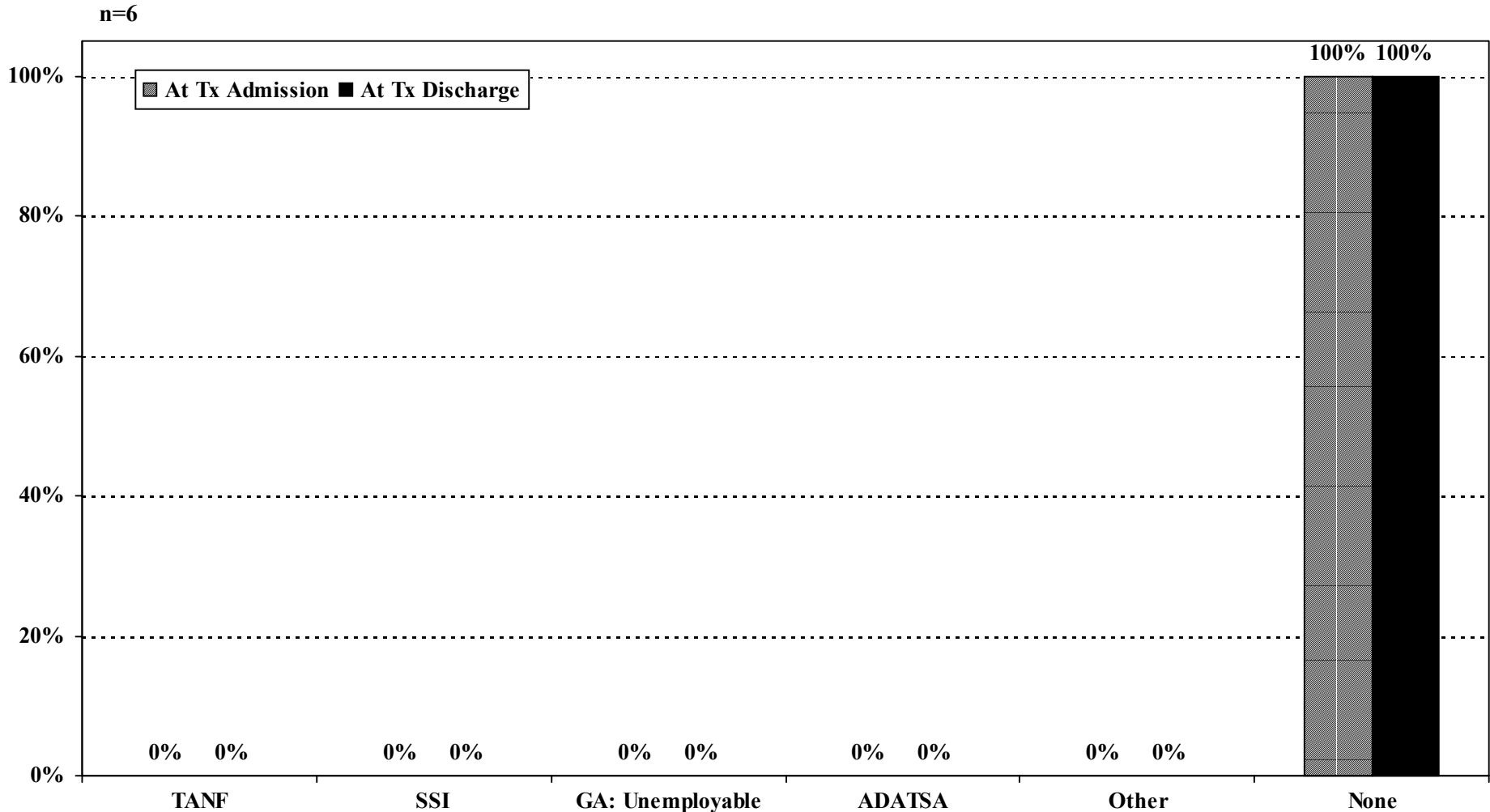
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart K-8

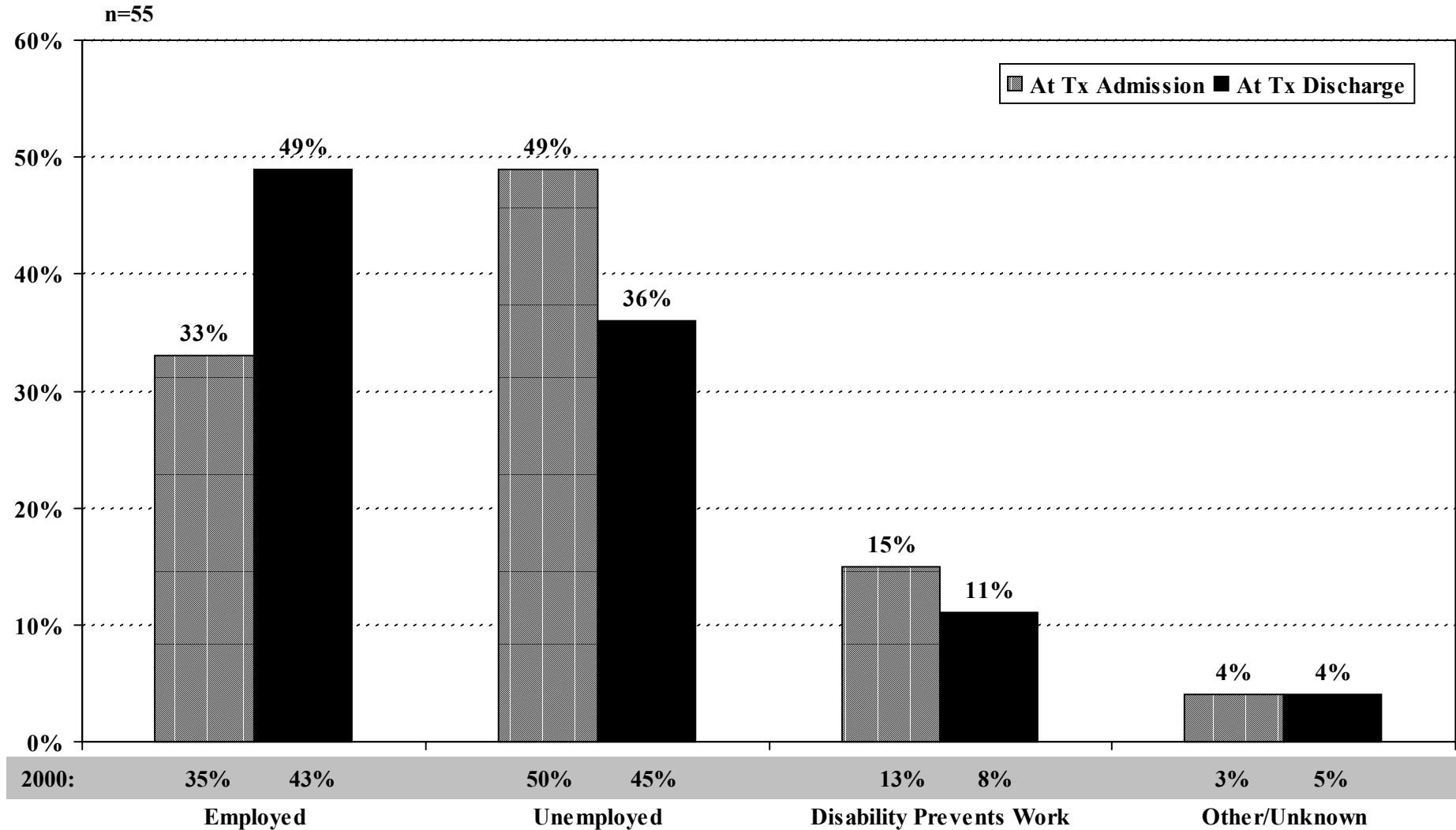
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance. "2000" percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year's Management Report due to their small sample size.

Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

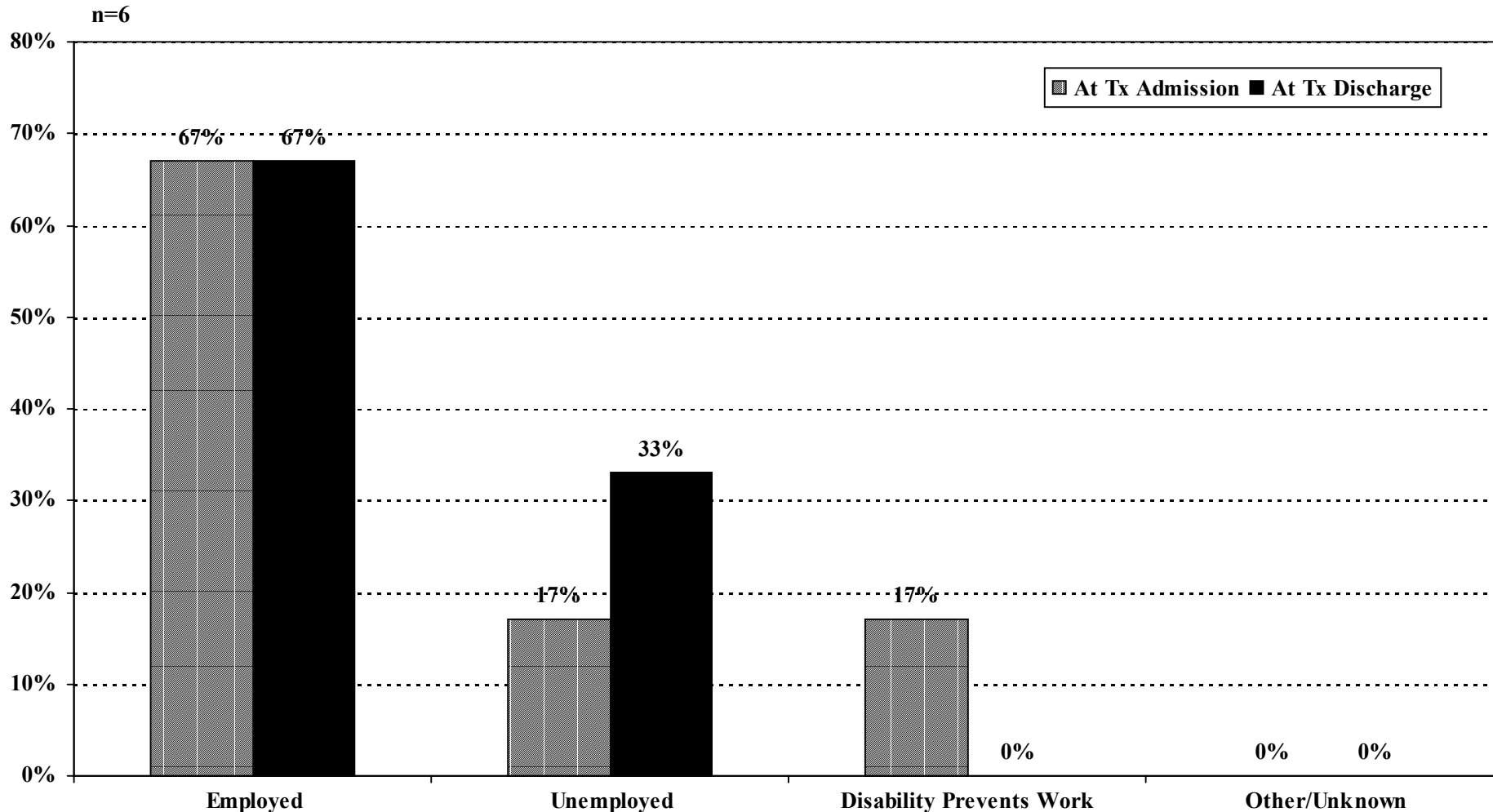
Chart K-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart K-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year’s Management Report due to their small sample size.

"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart K-11
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 3, Publicly Funded Patients – Jan.-Sept. 2001

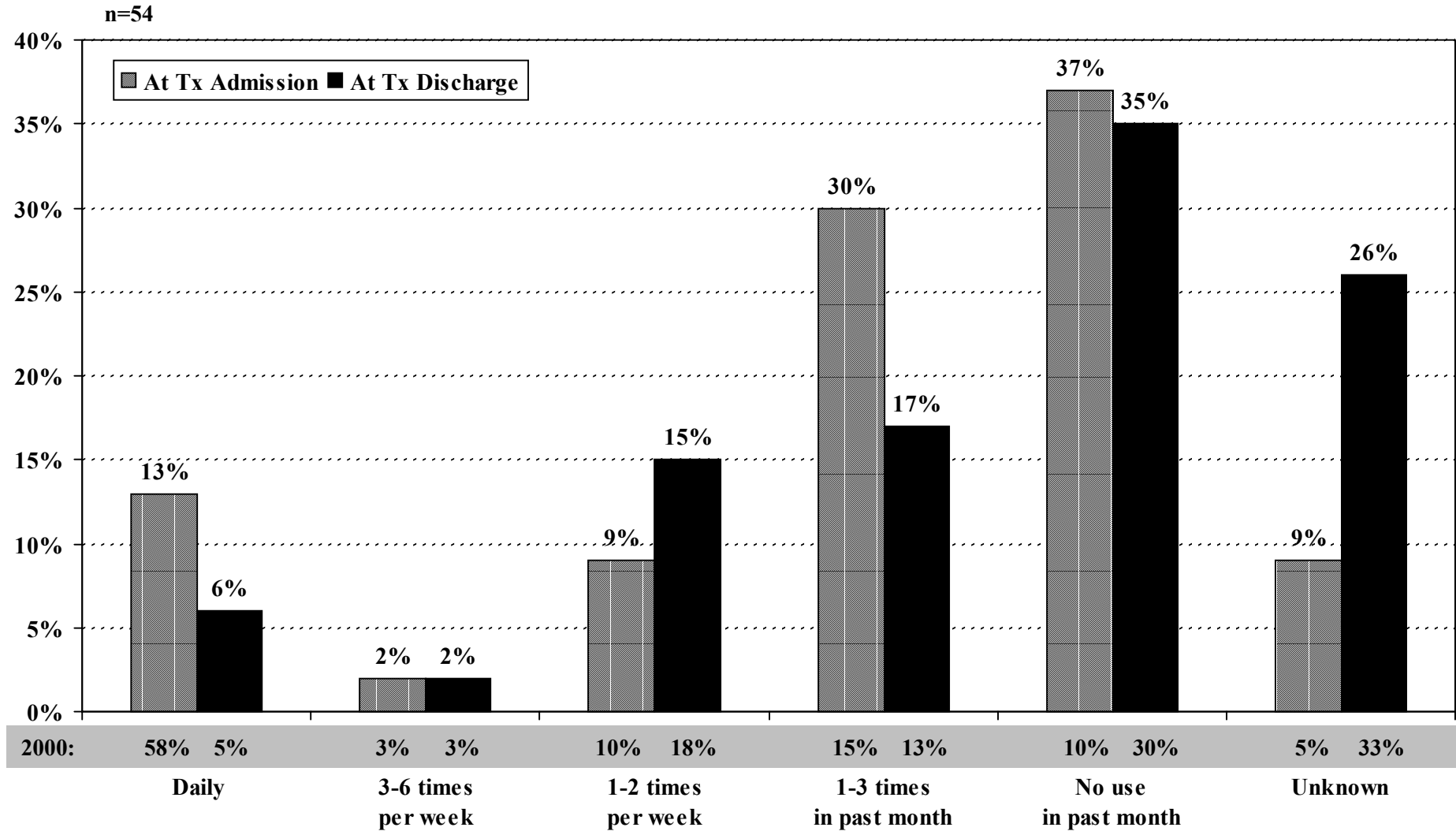
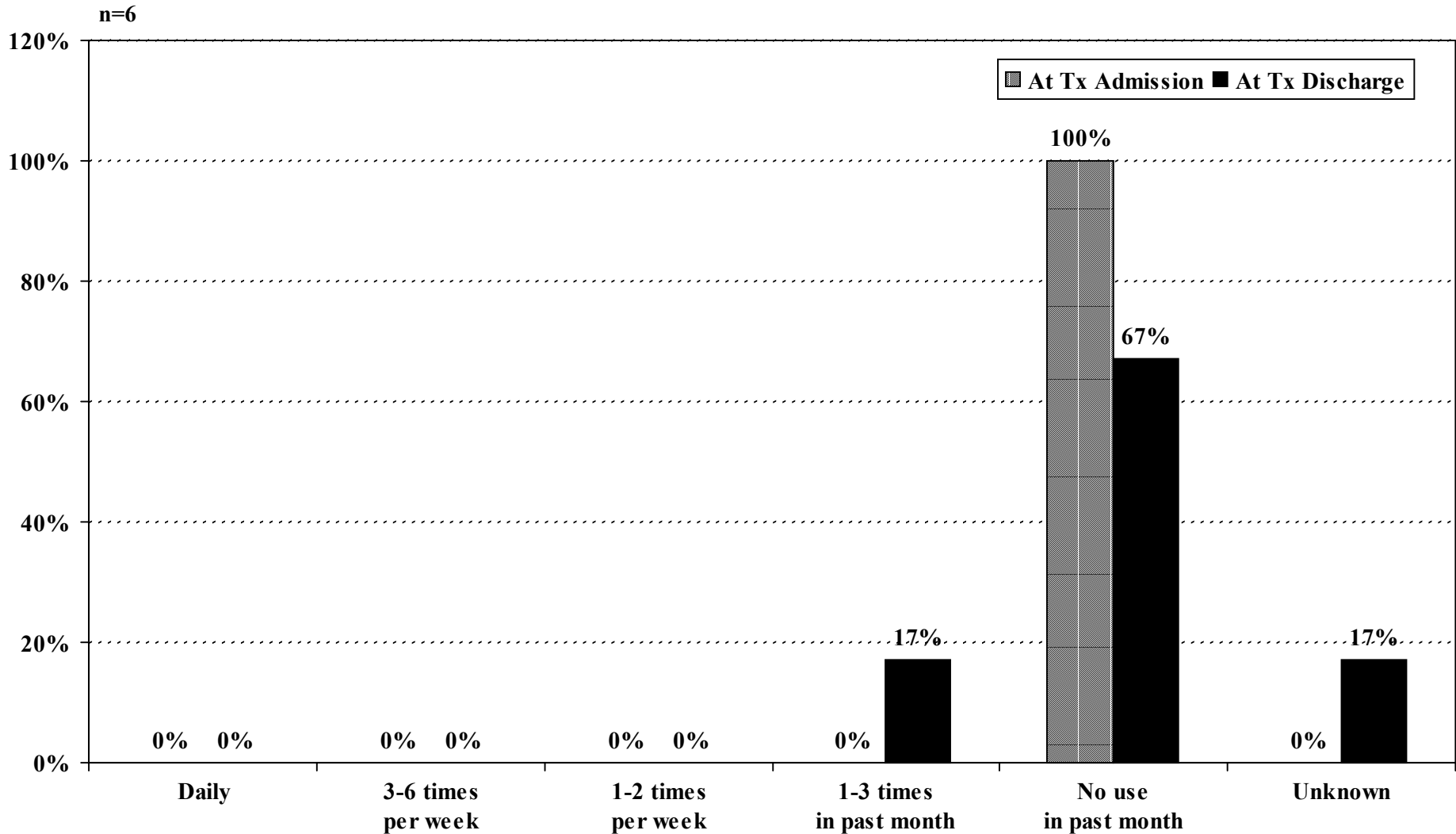


Chart K-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Evergreen Treatment Services - Unit 3, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages are unavailable since Evergreen Treatment Services – Private Pay patients were excluded from provider-level analyses in last year’s Management Report due to their small sample size.

TACOMA-PIERCE COUNTY TREATMENT SERVICES

PROGRAM: TACOMA-PIERCE COUNTY TREATMENT SERVICES (TPCTS)

ADDRESS: Tacoma-Pierce County Health Department
3629 South D Street
Tacoma, WA 98418-68113

CONTACT: Dave Bischof, Program Coordinator
(253) 798-4764/6576
E-mail: dbischof@tpchd.org

Tacoma-Pierce County Treatment Services (TPCTS), formerly known as the Tacoma-Pierce County Methadone Maintenance Program operates under the auspices of the Tacoma-Pierce County Health Department. TPCTS puts patient retention at the top of its agenda, and views proper dosing as being at the core of its treatment regime, and the most critical element in treatment retention. TPCTS provides individual and group counseling, as well as case management services, HIV information, referrals, and skills training.

Currently, 490 patients receive opiate substitution treatment services from TPCTS. Of these, 425 (87%) are fully or partially funded; 65 (13%) are private-pay patients.

Although the program continues to hold two DASA certifications for two separate methadone units, TPCTS now operates as a single program. Data for this report was gathered from both Units.

PATIENT CHARACTERISTICS:

Tacoma-Pierce County Treatment Services (TPCTS)

Compared with the statewide sample of publicly funded patients, publicly funded patients receiving opiate substitution treatment at TPCTS were:

- More likely to be female (67%);
- More likely to have children under age 18 living in their home (44%).

The sample size for private-pay patients (8) at TPCTS is too small to make statistically reliable comparisons with the statewide sample.

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Upper Tacoma Treatment Services

The sample sizes for publicly funded (6) and private-pay patients (7) at Upper Tacoma Treatment Services are too small to make statistically reliable comparisons with the statewide sample.

Tacoma – Pierce County Methadone Maintenance Program

Chart L-1

**Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001**

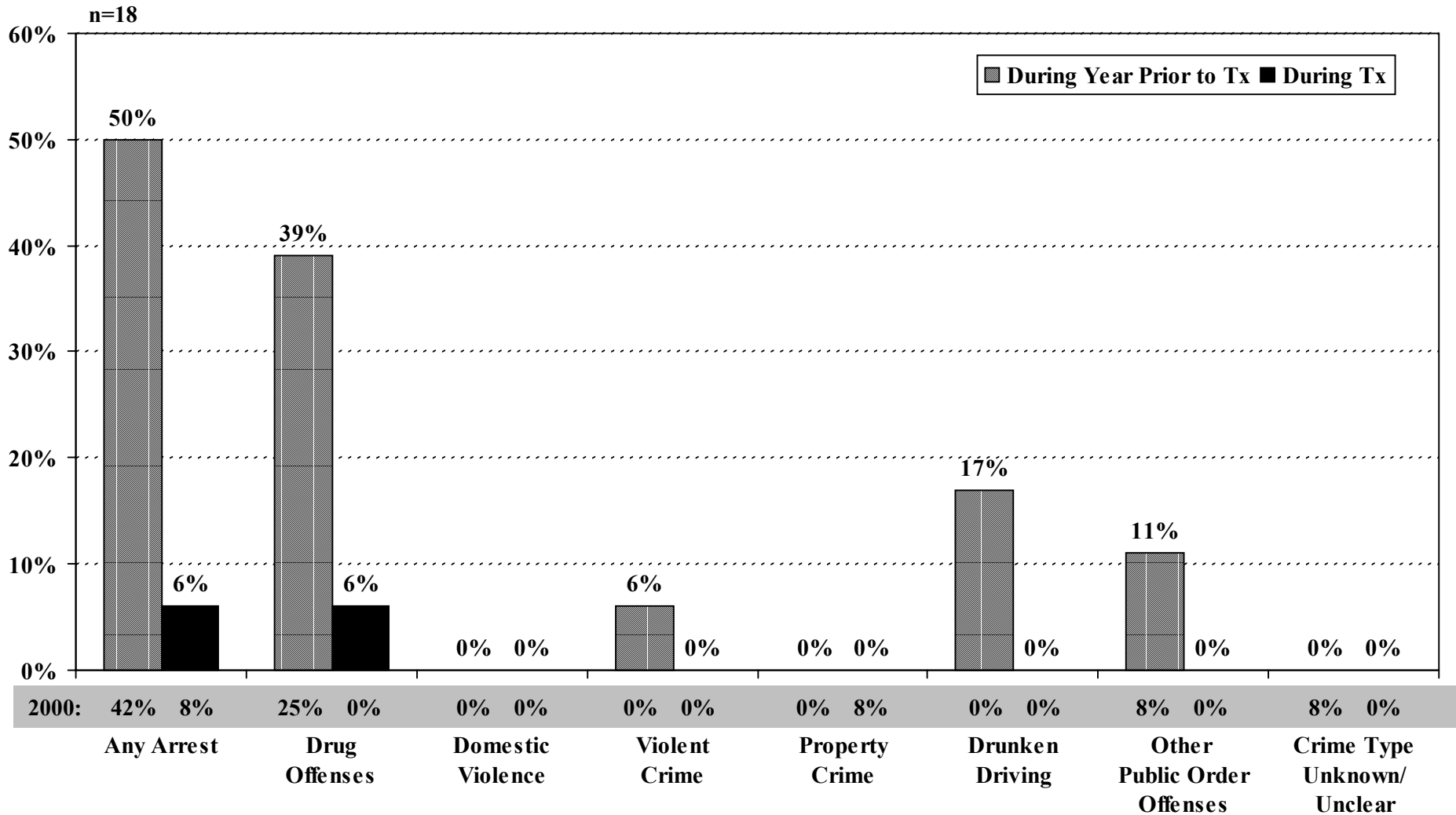


Chart L-2

**Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**

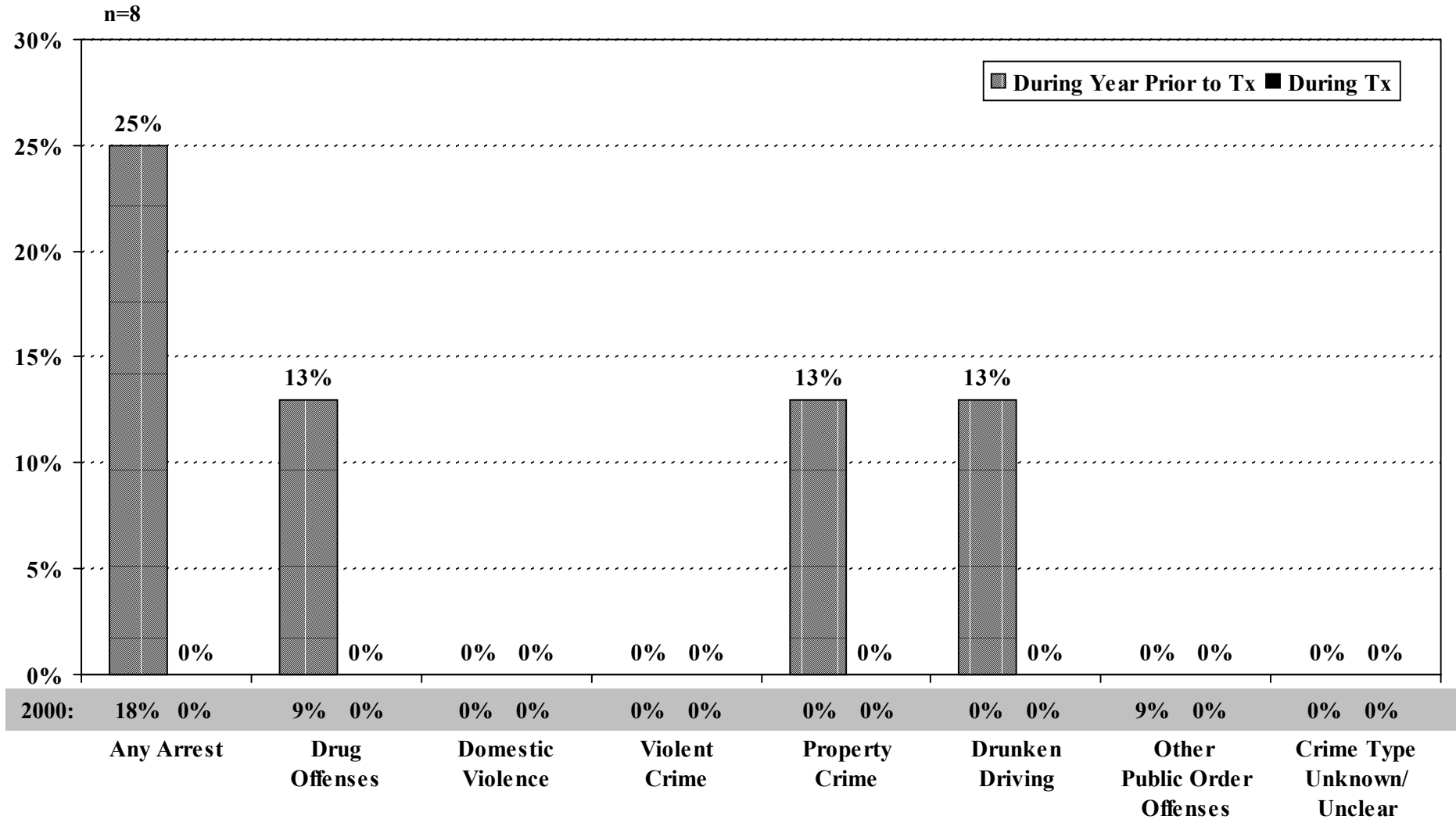


Chart L-3

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001**

n=18

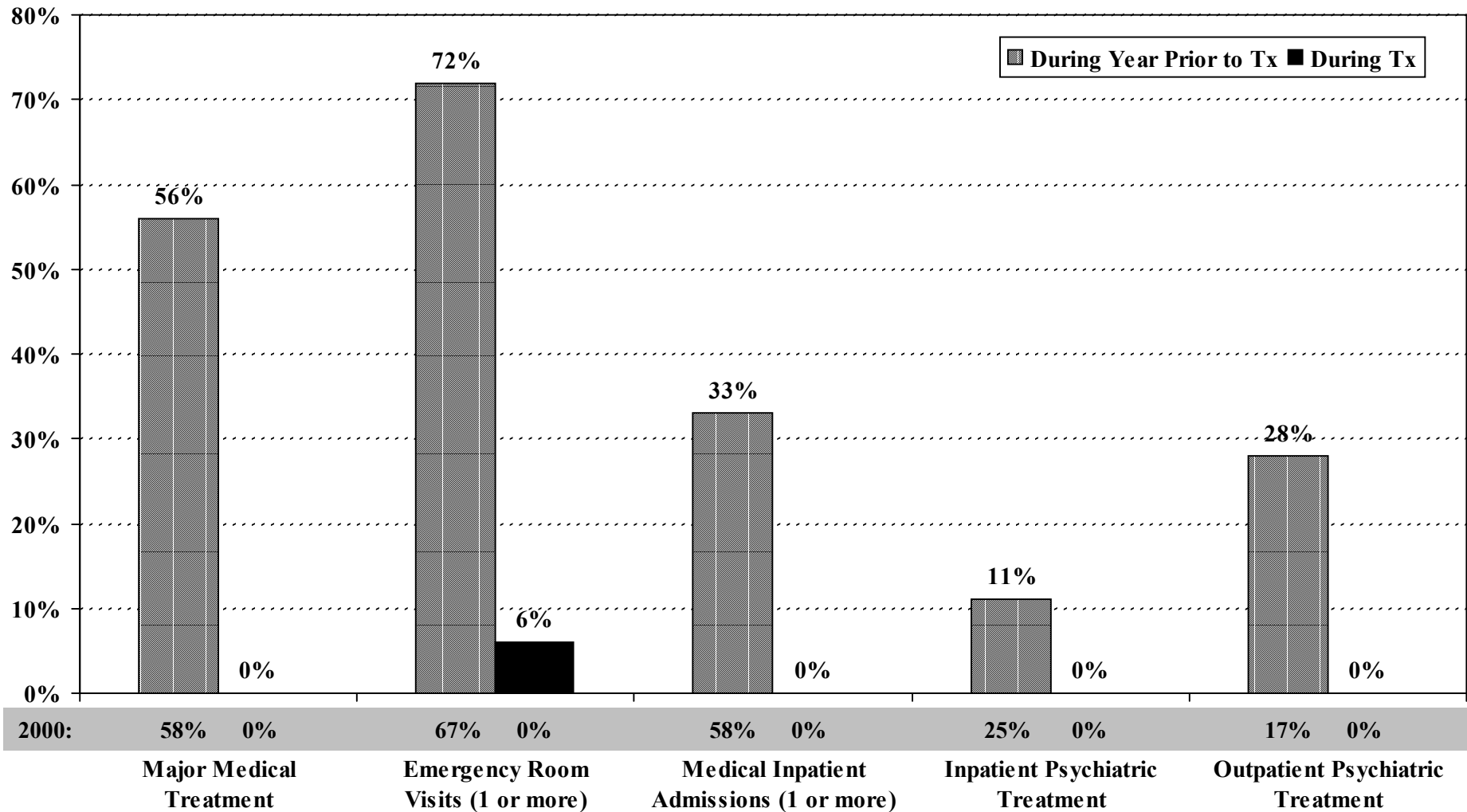


Chart L-4

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**

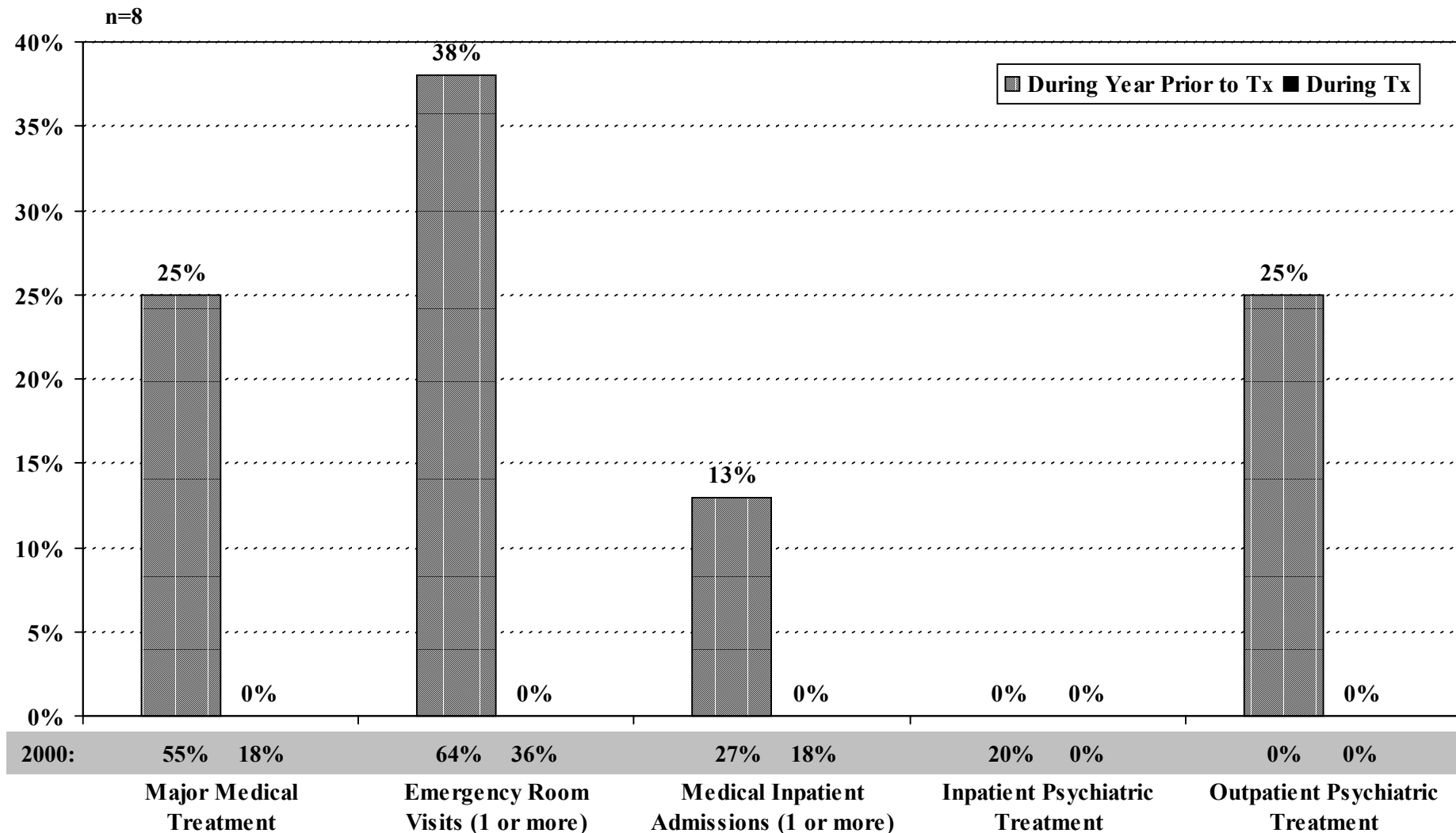


Chart L-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001**

n=18

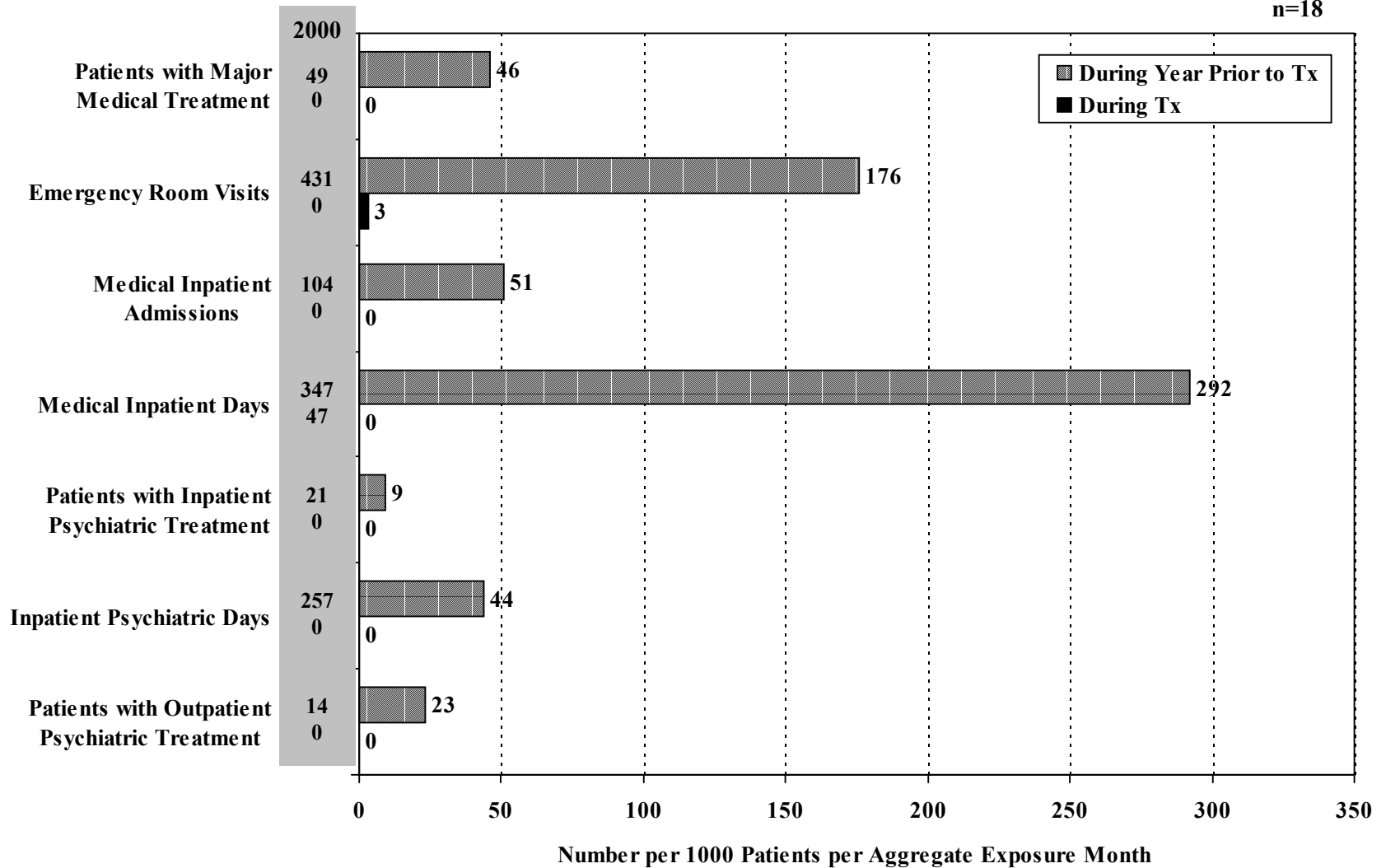


Chart L-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**

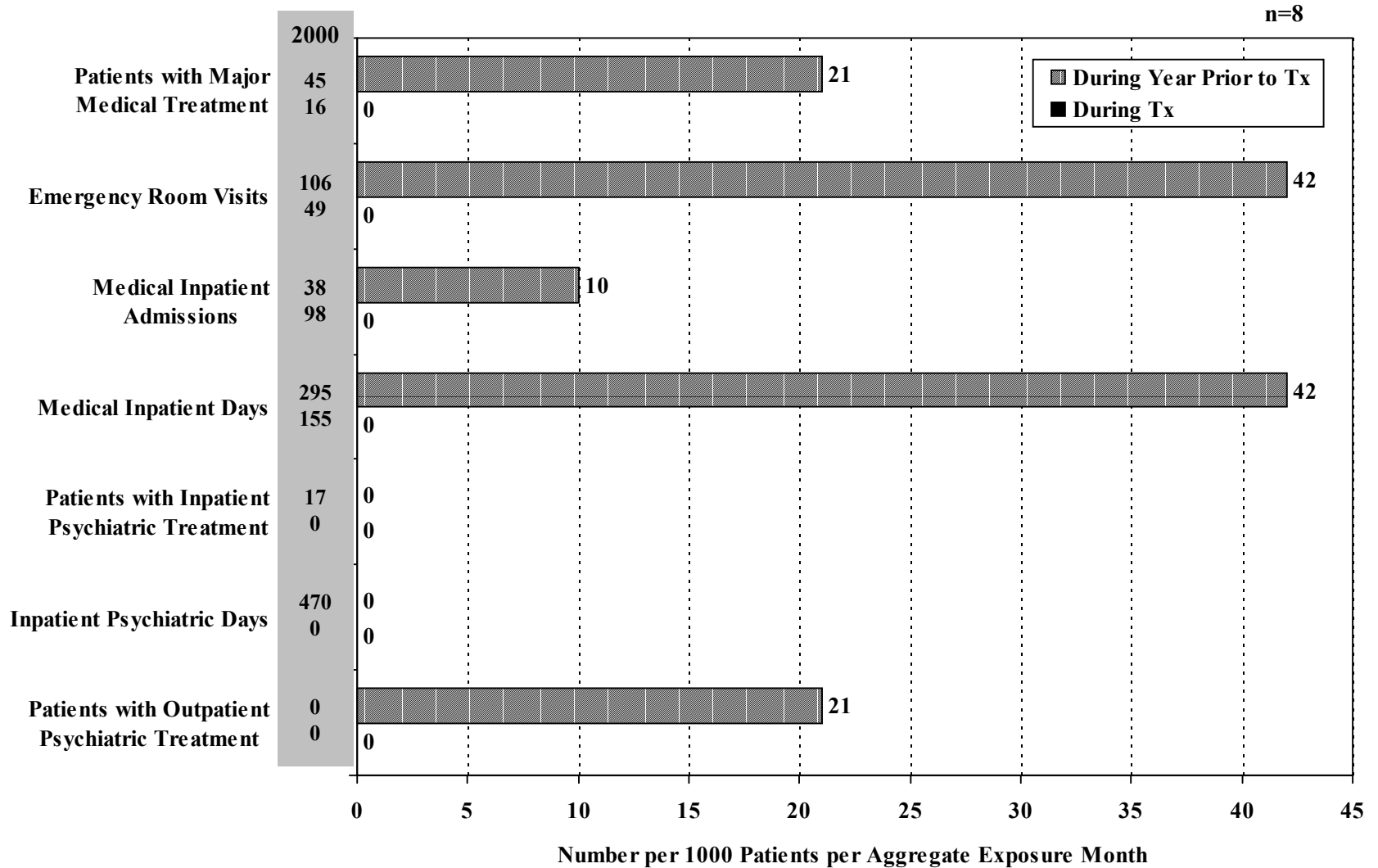
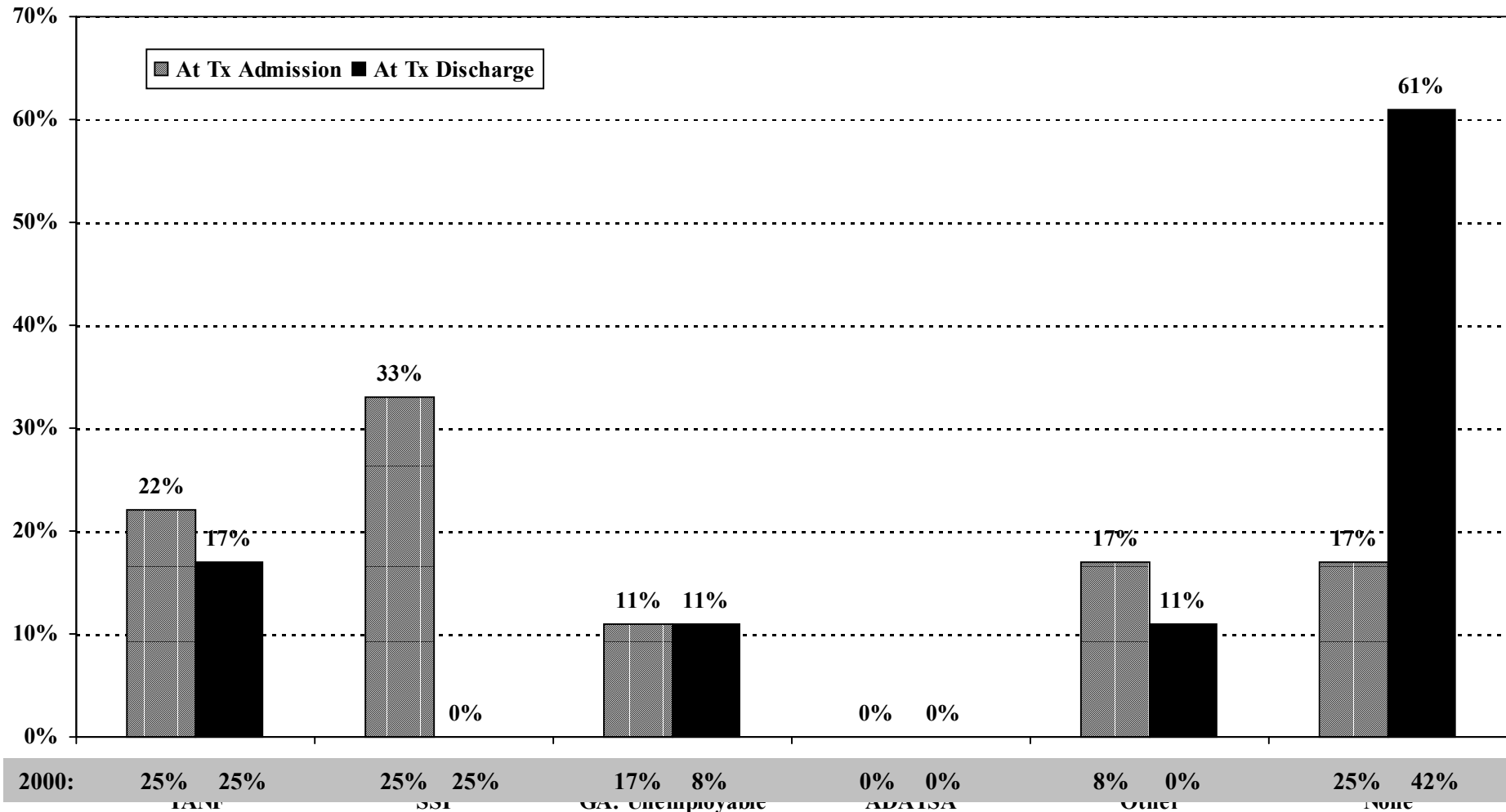


Chart L-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001**

n=18

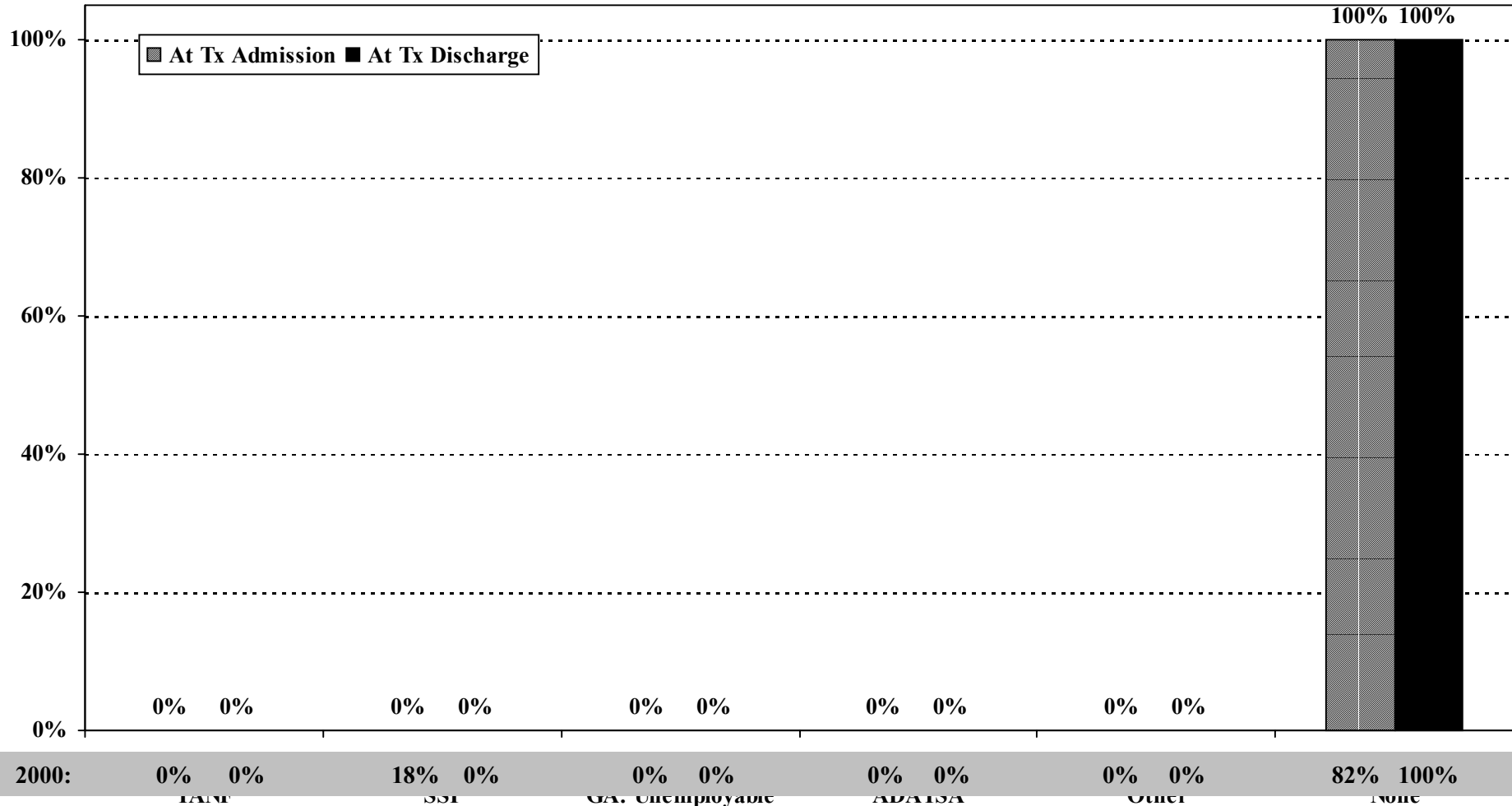


"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart L-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**

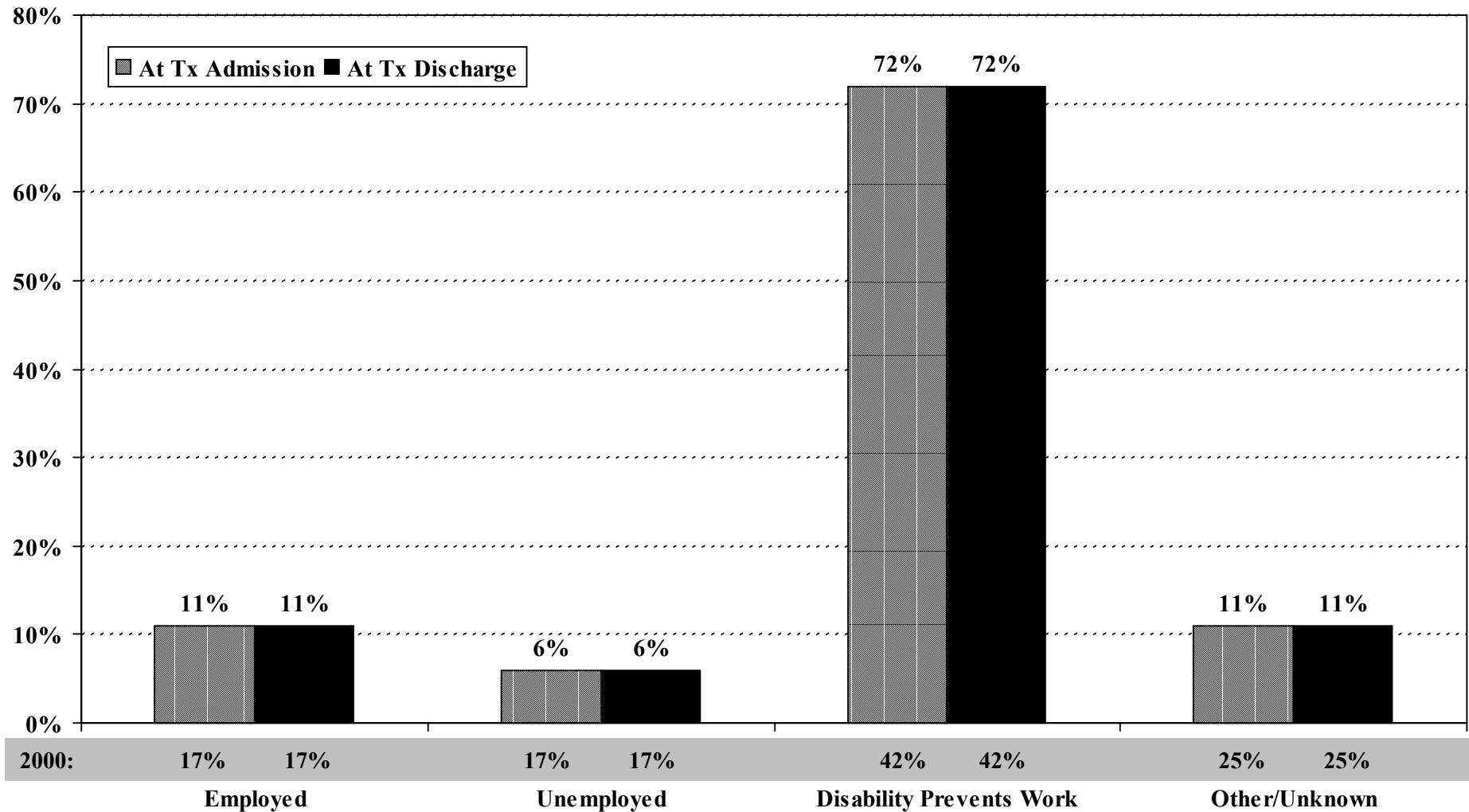
n=8



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart L-9

**Employment Status Among Opiate Substitution Patients Before/After Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001**
n=18

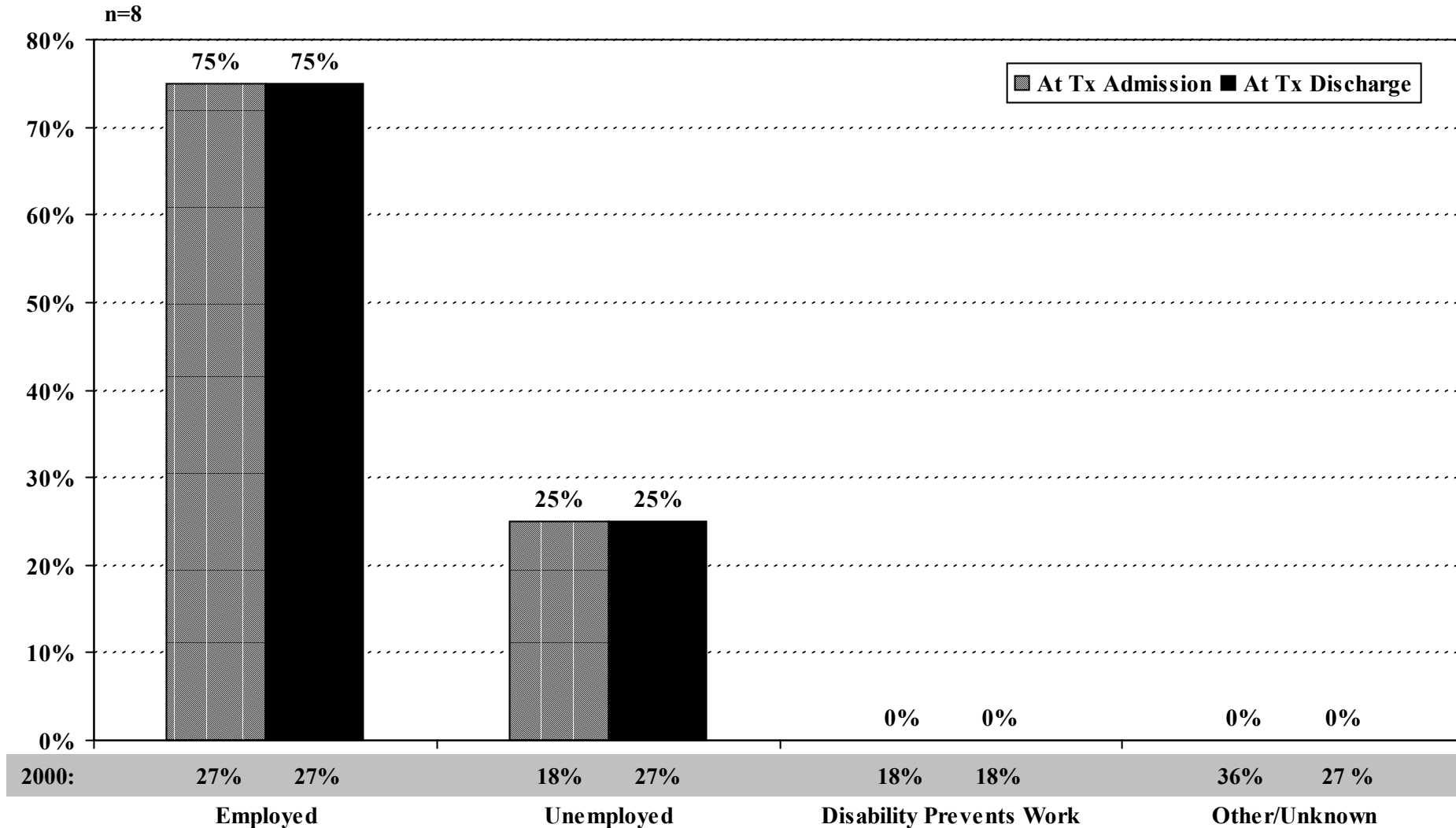


“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart L-10

**Employment Status Among Opiate Substitution Patients Before/After Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

"Other" employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart L-11

Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Publicly Funded Patients – Jan.-Sept. 2001
 n=18

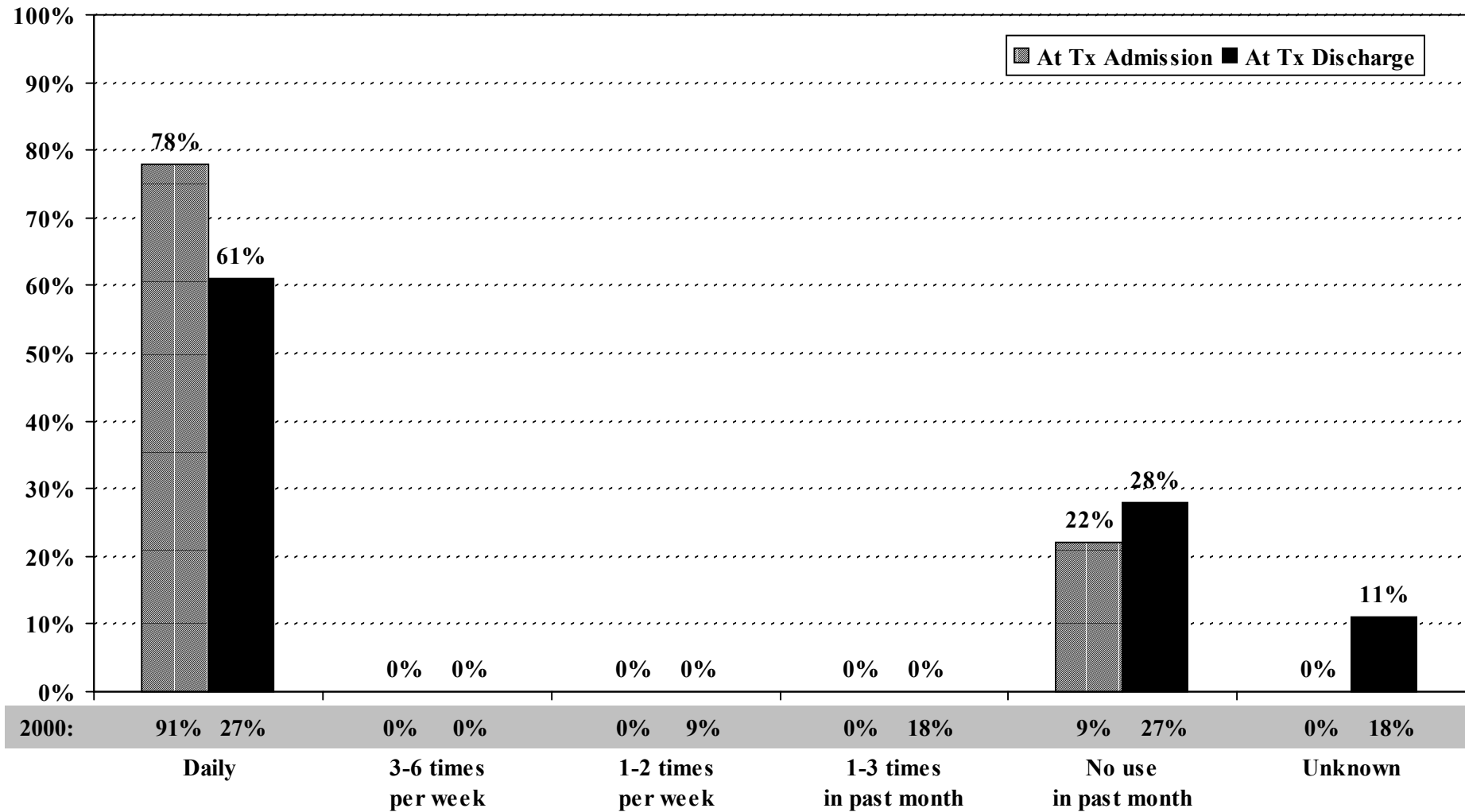
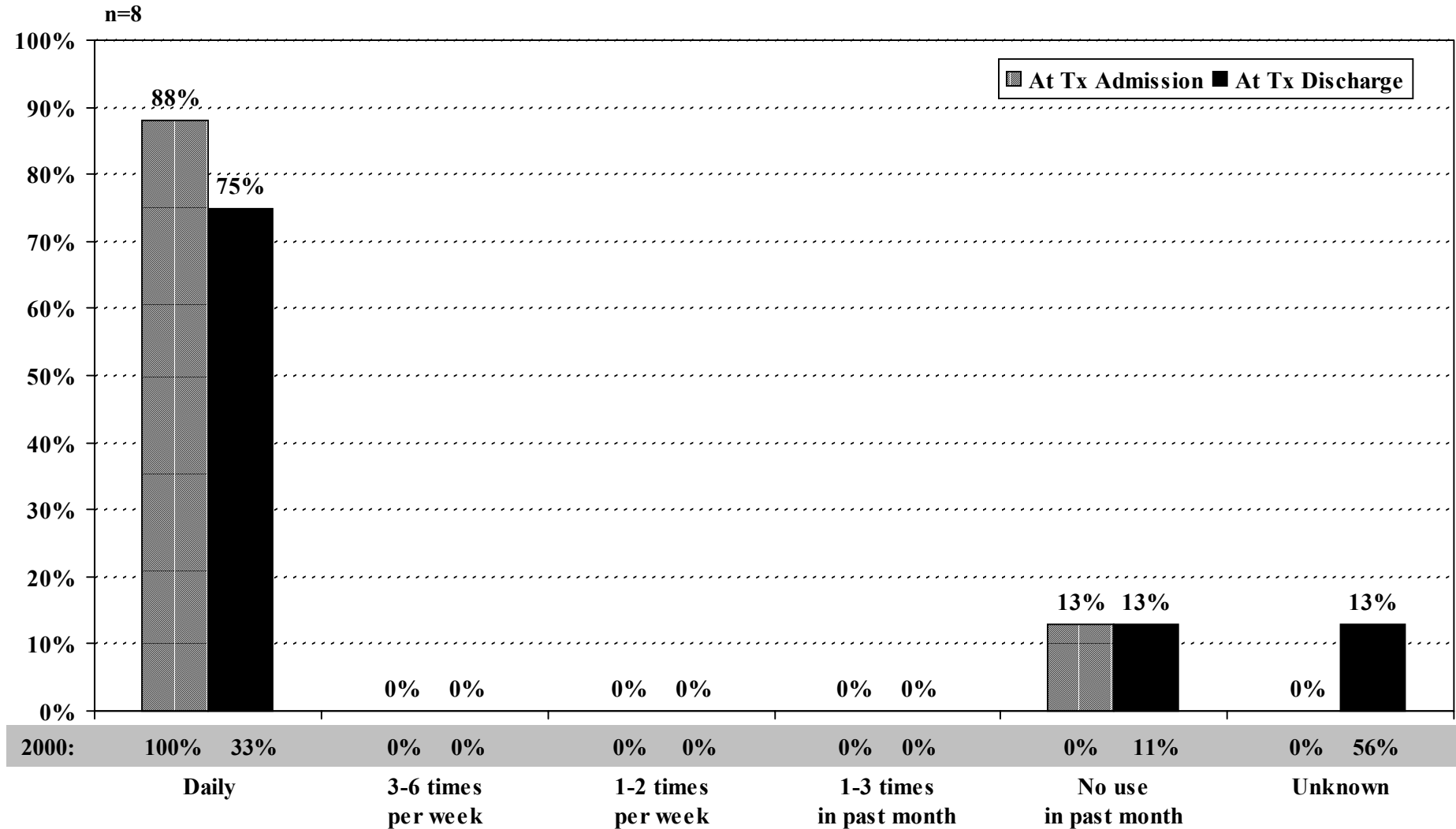


Chart L-12

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Tacoma - Pierce County Methadone Maintenance Program, Private-Pay Patients – Jan.-Sept. 2001**



Upper Tacoma Treatment Services

Chart M-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001

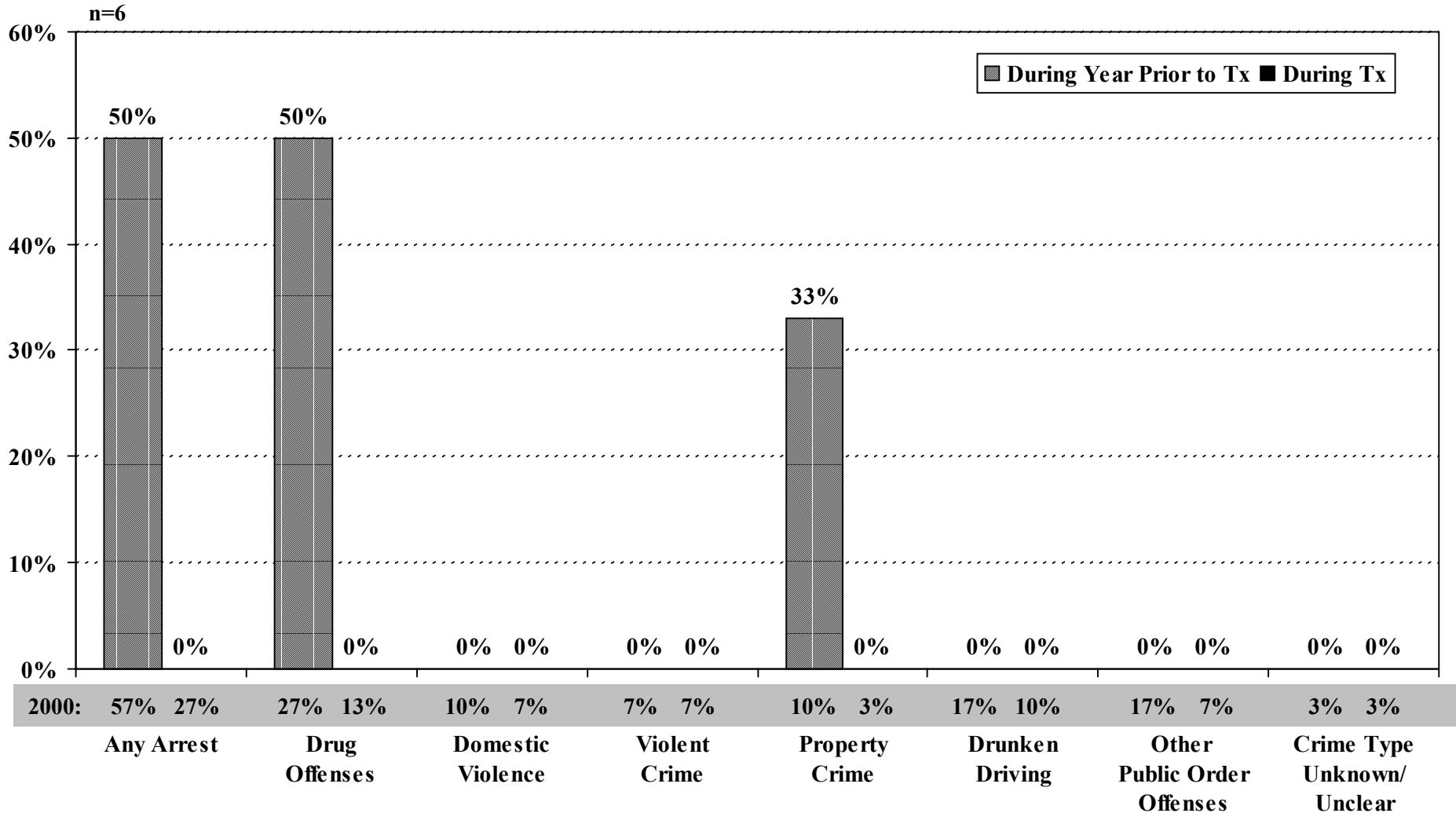


Chart M-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001

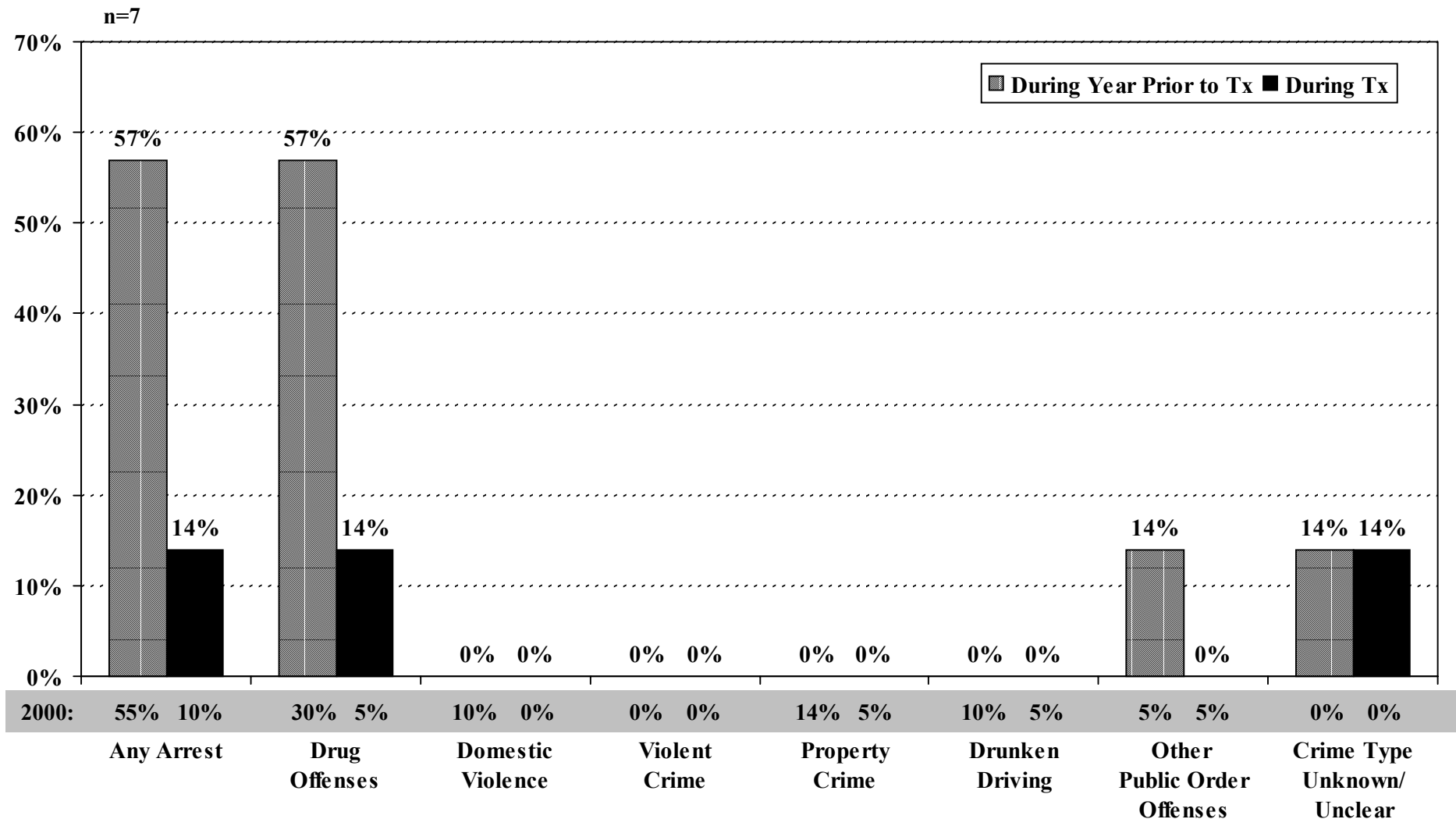


Chart M-3
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001

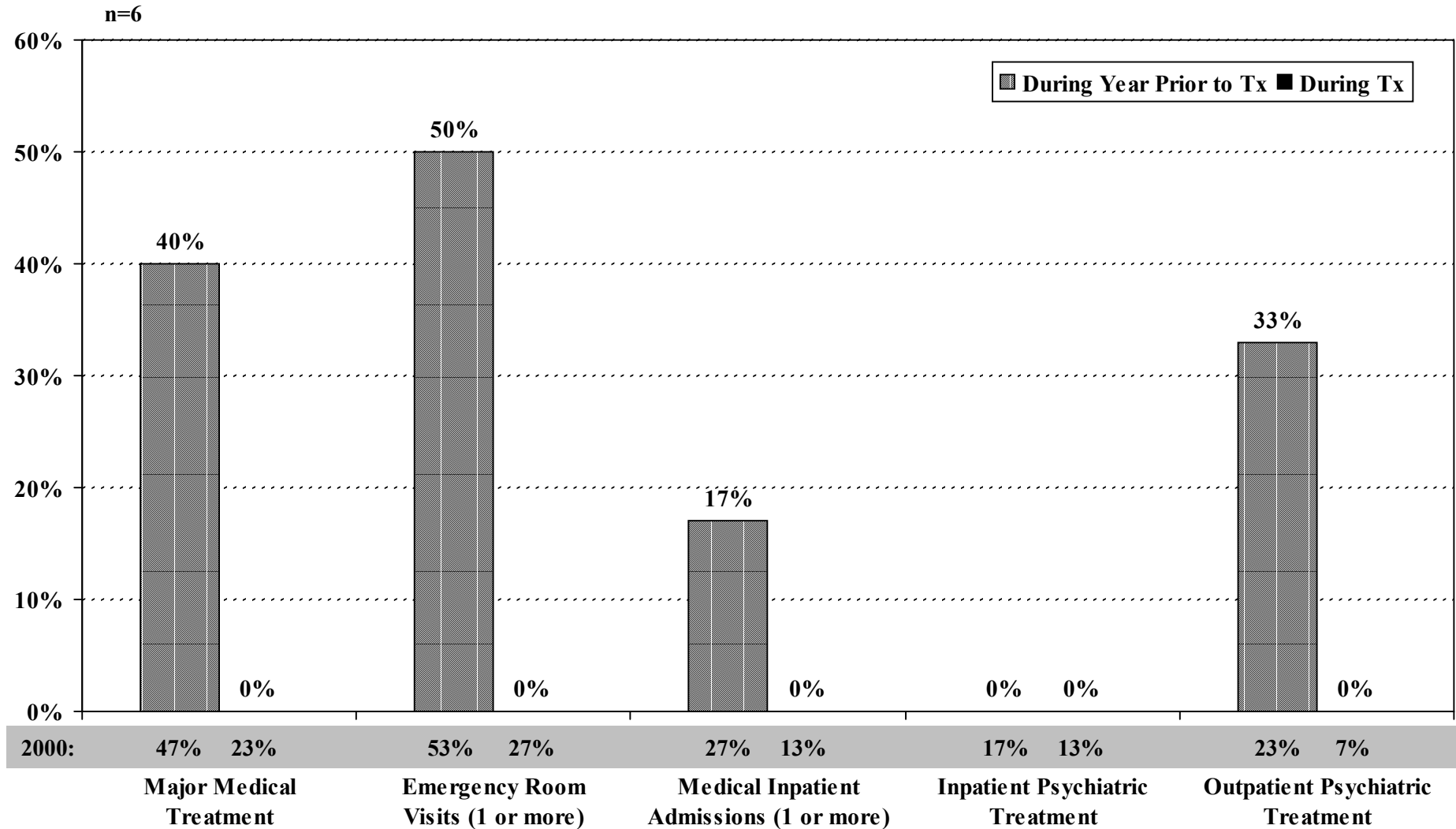


Chart M-4
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001

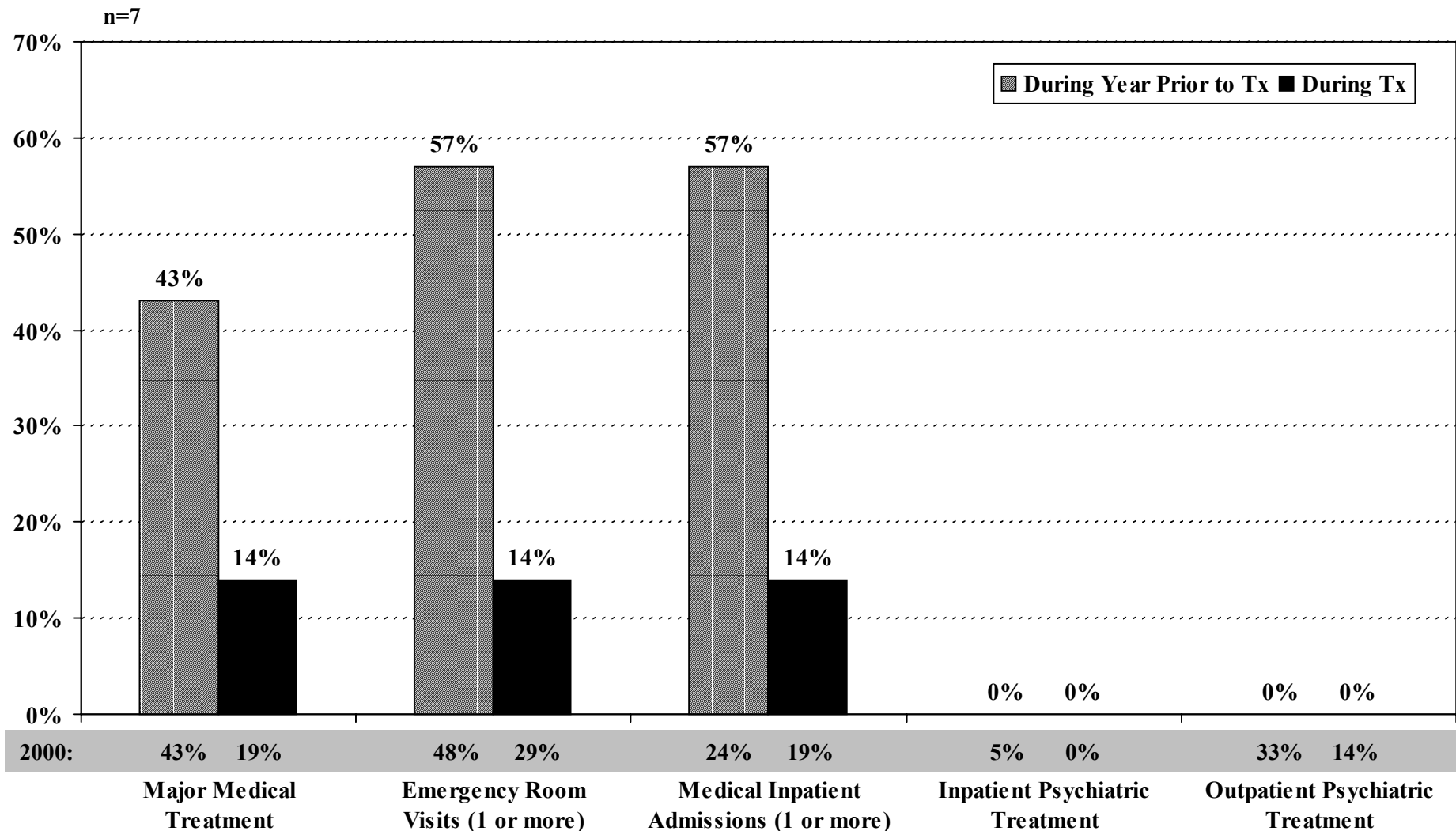


Chart M-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001**

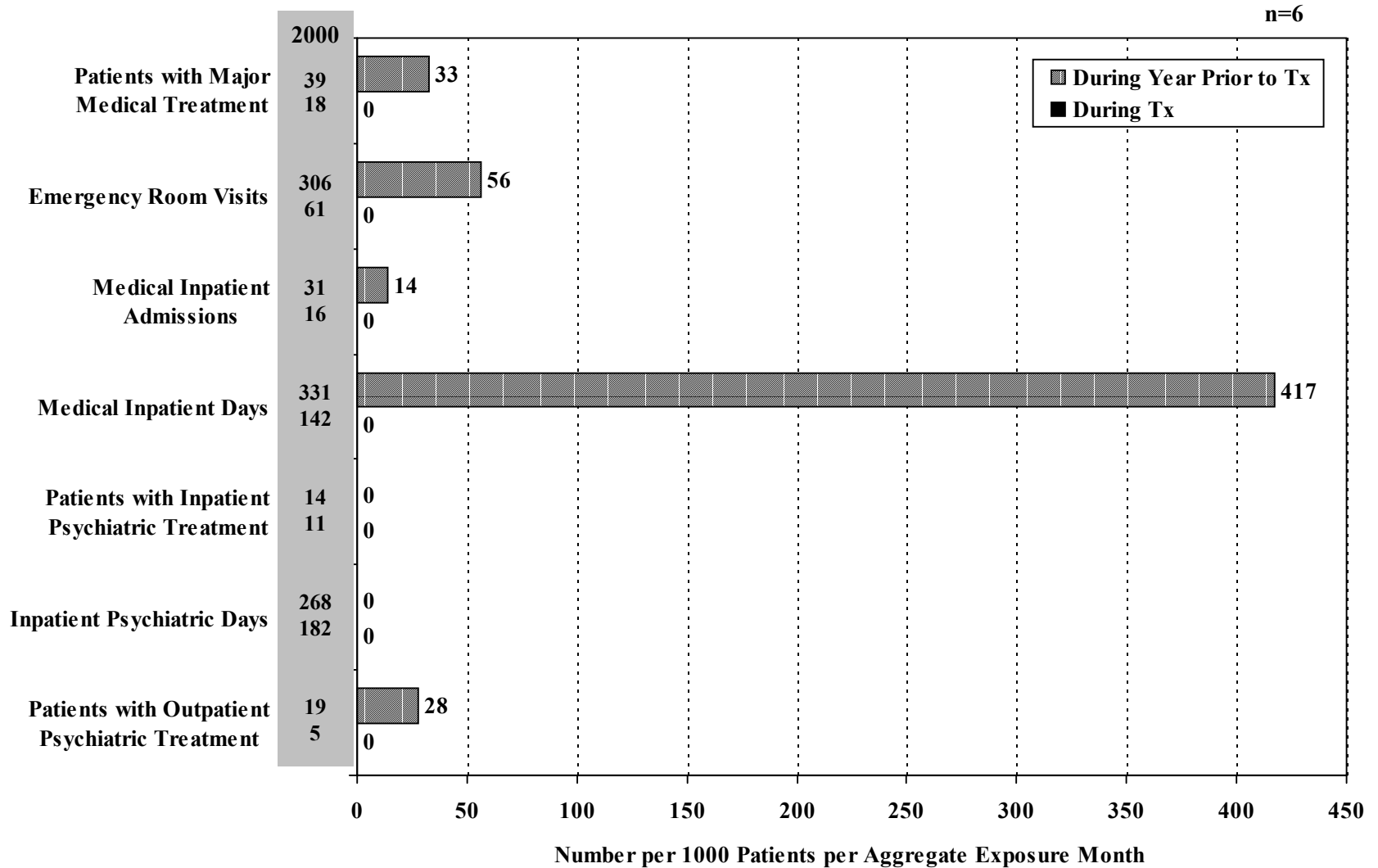


Chart M-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001**

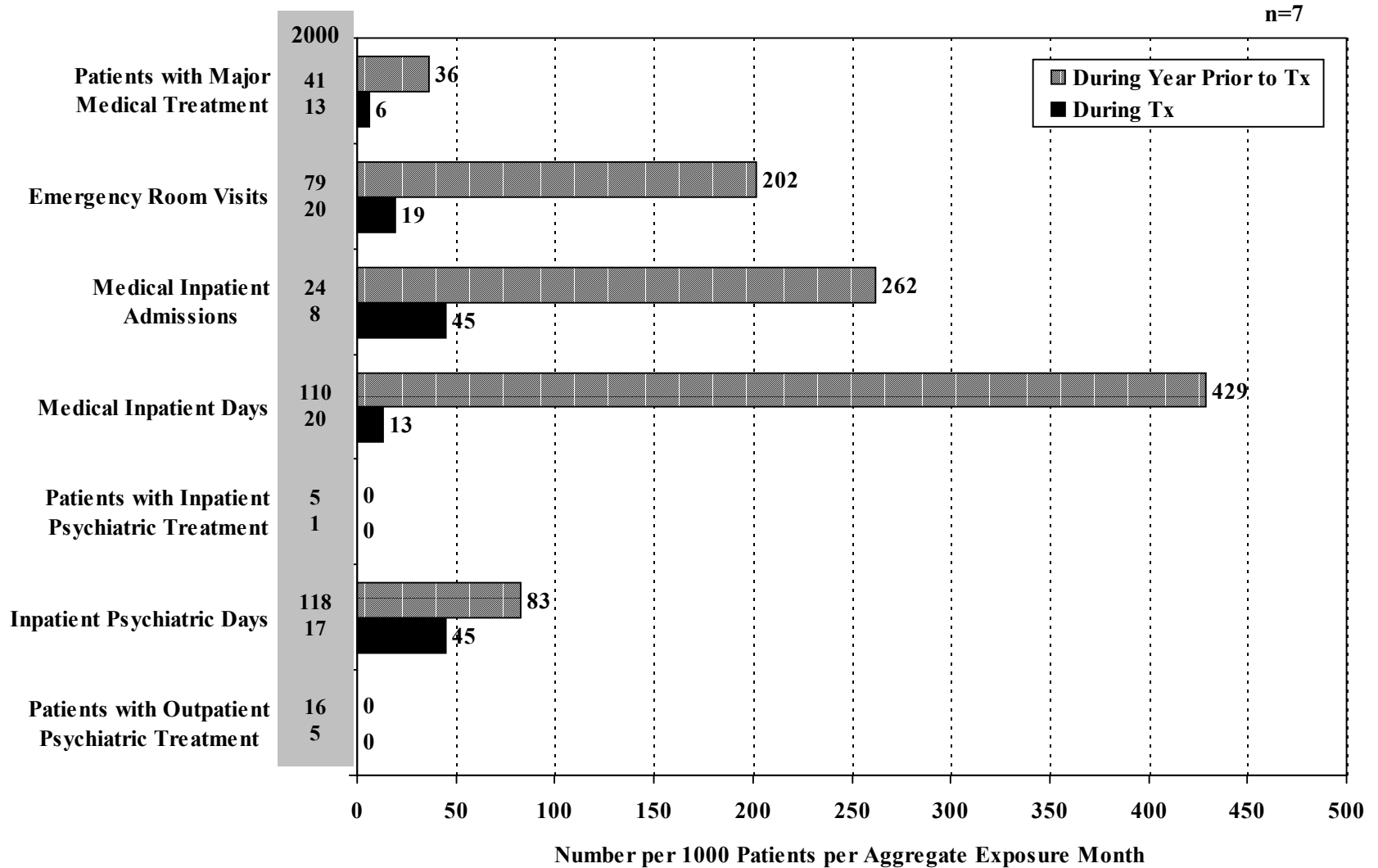
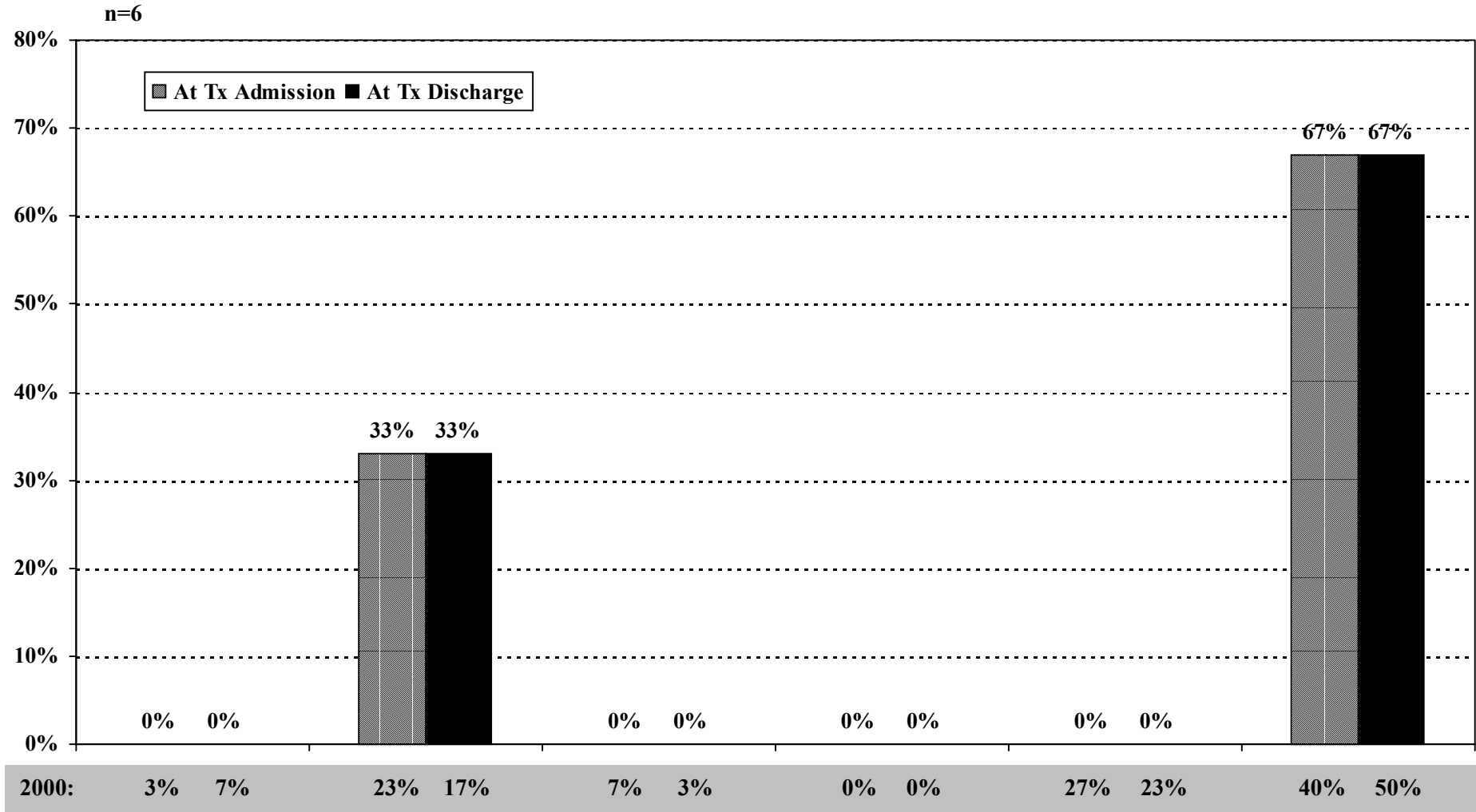


Chart M-7

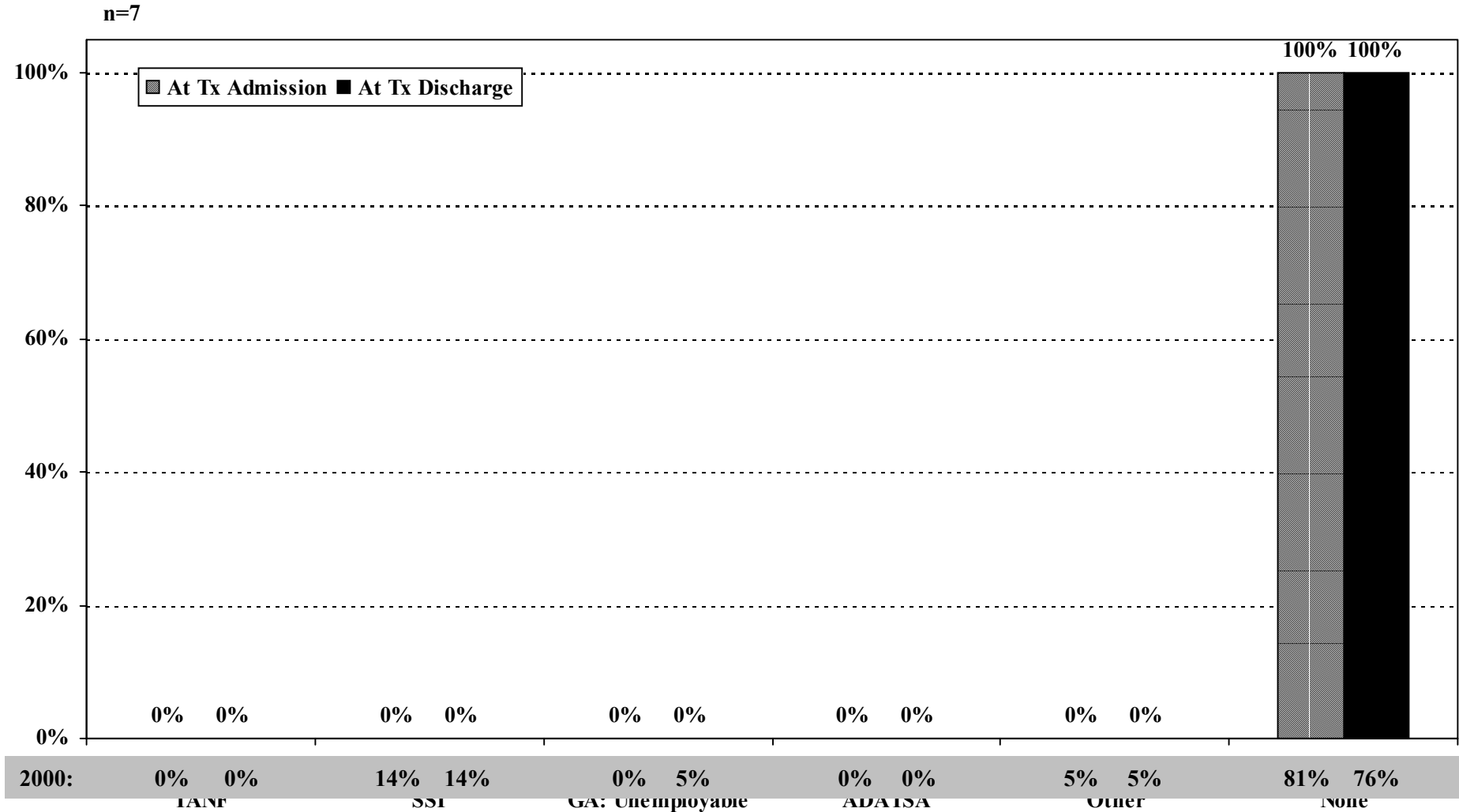
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

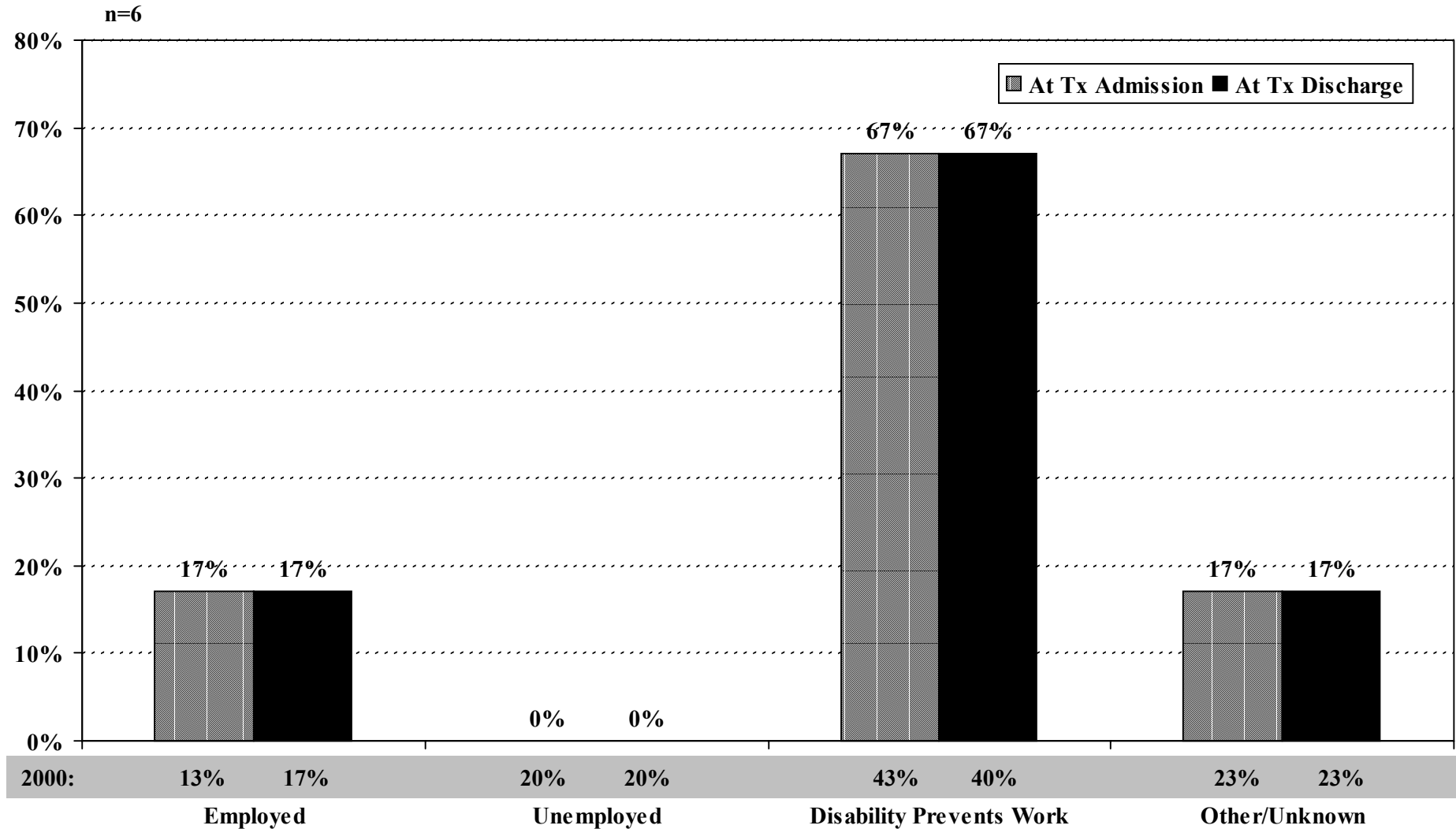
Chart M-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

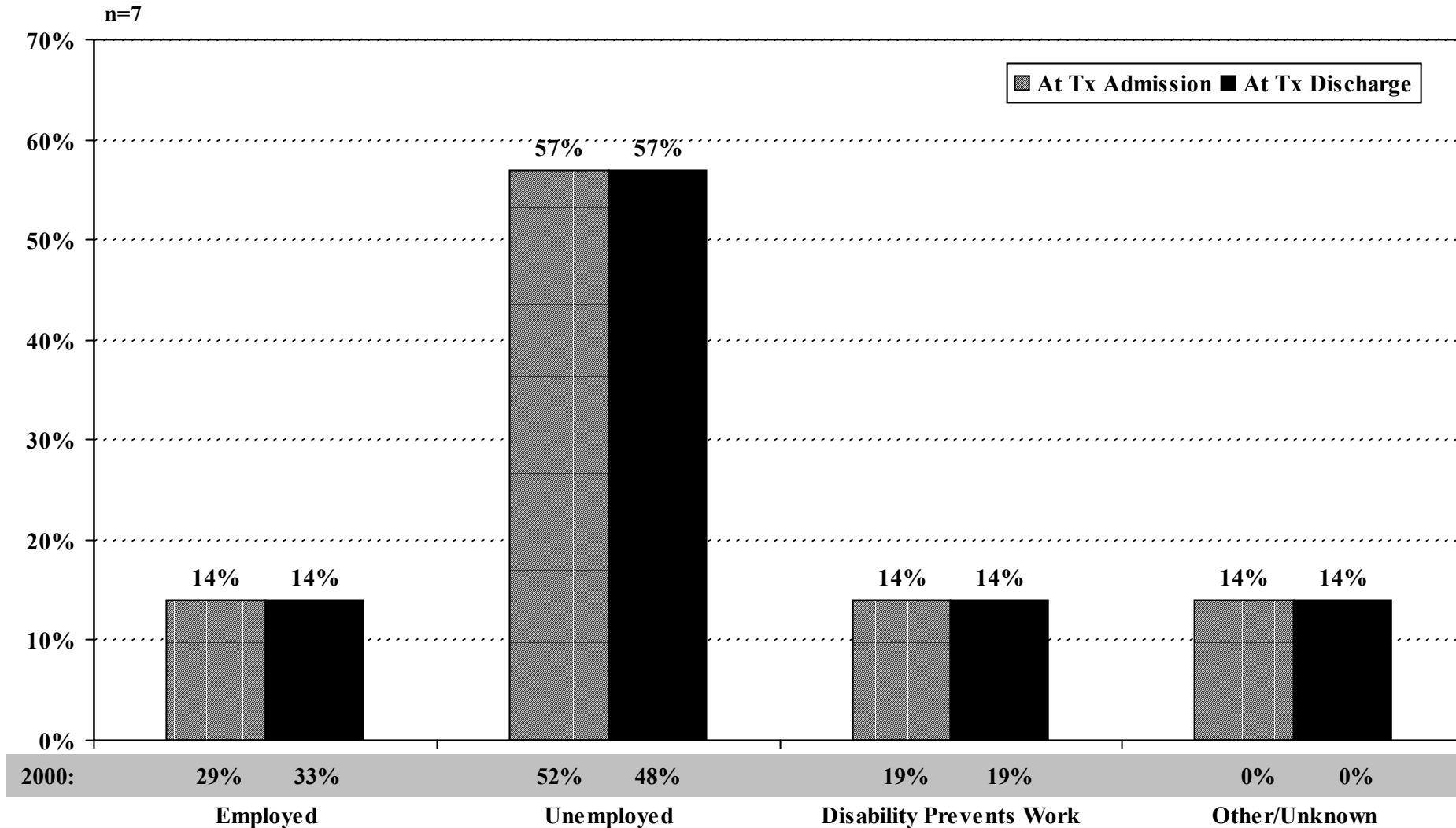
Chart M-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart M-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart M-11
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Upper Tacoma Treatment Services, Publicly Funded Patients – Jan.-Sept. 2001

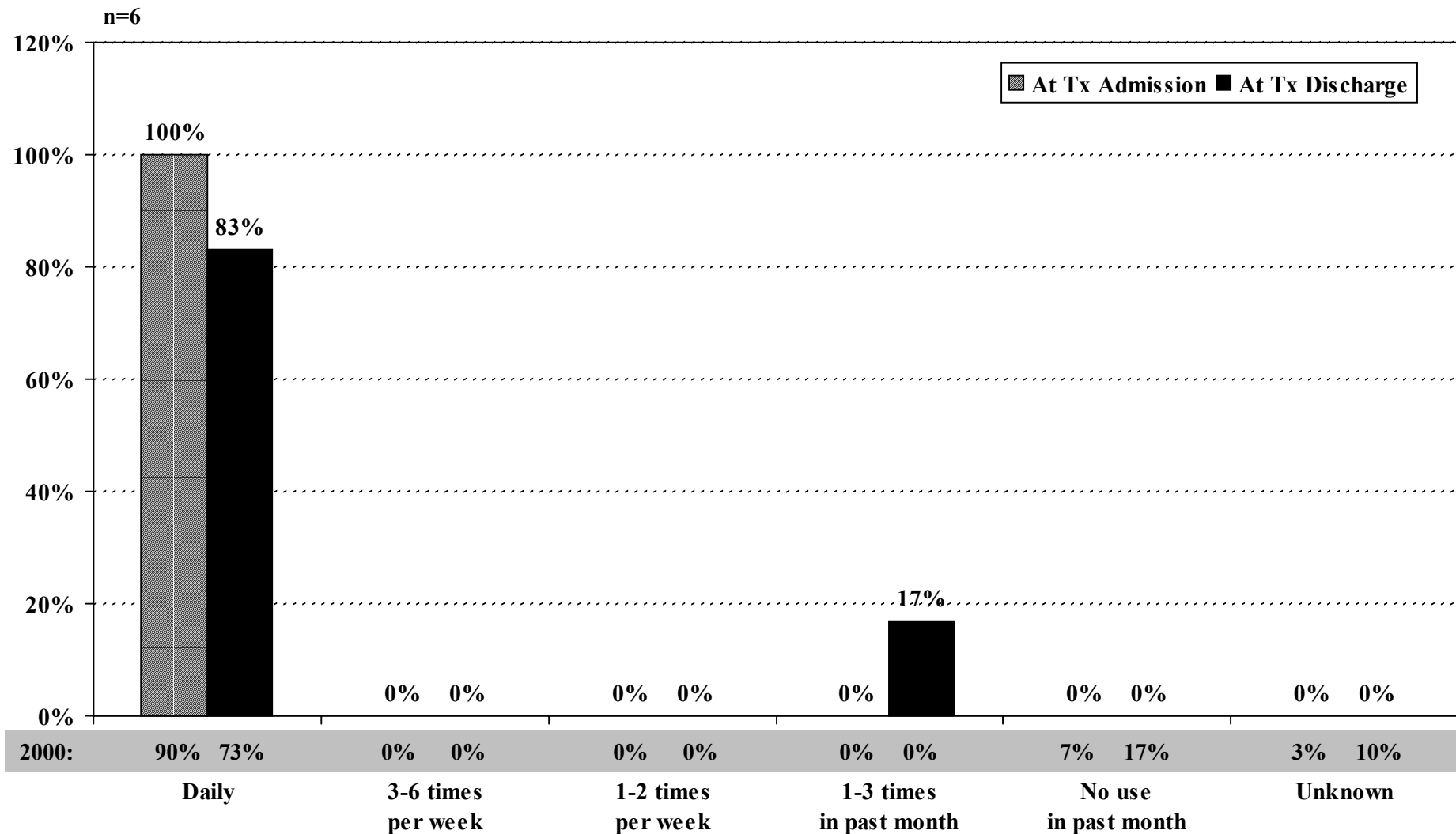
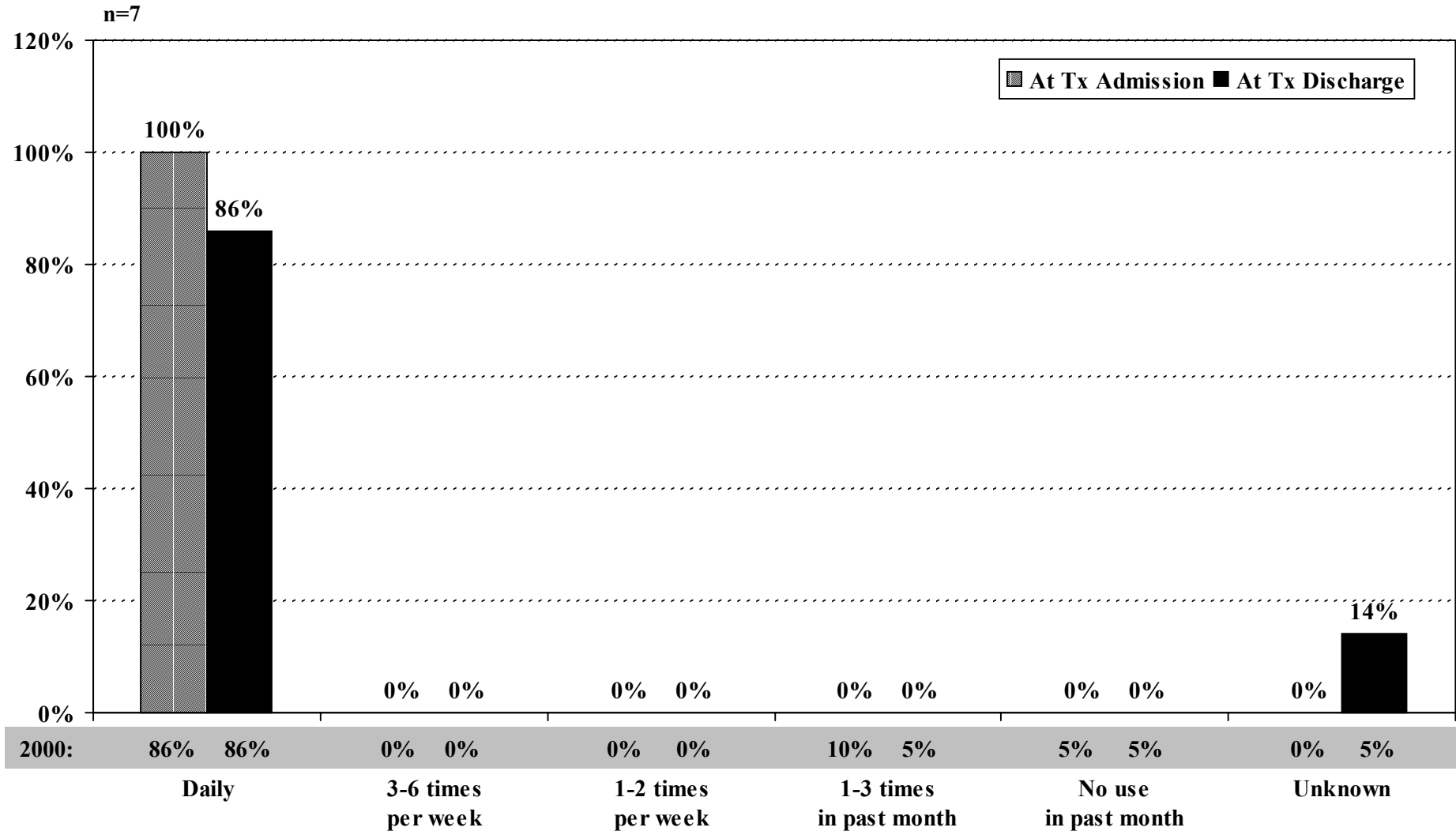


Chart M-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Upper Tacoma Treatment Services, Private-Pay Patients – Jan.-Sept. 2001



THERAPEUTIC HEALTH SERVICES (T/H/S)

PROGRAM: THERAPEUTIC HEALTH SERVICES (T/H/S)

ADDRESS: T/H/S -- Midvale
17962 Midvale Avenue North – Suite 150
Shoreline, WA 98133

T/H/S – Summit
1116 Summit Avenue
Seattle, WA 98101

CONTACT: W. Calvin Hightower, Midvale Branch Manager
(206) 546-0326
E-mail: CalvinH@therapeutichealth.org

Victoria Evans, Summit Branch Manager
(206) 323-0930 Ext. 202
E-mail: VictoriaE@therapeutichealth.org

Therapeutic Health Services (T/H/S) is a private, non-profit agency that has been providing opiate substitution treatment since 1972. T/H/S provides a full range of services, including: comprehensive bio-psychological assessment; individualized treatment planning; individual and group counseling; mental health evaluations and services; HIV education and counseling; acupuncture; and links to community resources and therapeutic childcare. T/H/S works with many referral and funding sources, including King County Drug Court.

In addition, T/H/S provides a special focus on assisting families in developing a healthy family system through its Pregnancy and Family Program and its Focus on Families Program. Childcare is provided during sessions. Opiate substitution treatment services are delivered at two sites, Midvale and Summit.

T/H/S currently serves 838 patients in its opiate substitution treatment program. Of these, 65% are publicly funded, while 35% are private-pay.

PATIENT CHARACTERISTICS:

T/H/S – Midvale

Characteristics of both publicly funded and private-pay patients receiving opiate substitution treatment at T/H/S – Midvale were comparable to the respective statewide samples.

T/H/S – Summit

Compared with the statewide sample of publicly funded patients, publicly funded patients receiving opiate substitution treatment at T/H/S – Summit were:

- Less likely to have children under age 18 (22%);
- Less likely to be white (and not Spanish/Hispanic ethnicity) (58%).

Compared with the statewide sample of private-pay patients, private-pay patients receiving opiate substitution treatment at T/H/S – Summit were:

- Less likely to have children under age 18 (18%).

Therapeutic Health Services – Midvale

Chart N-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001

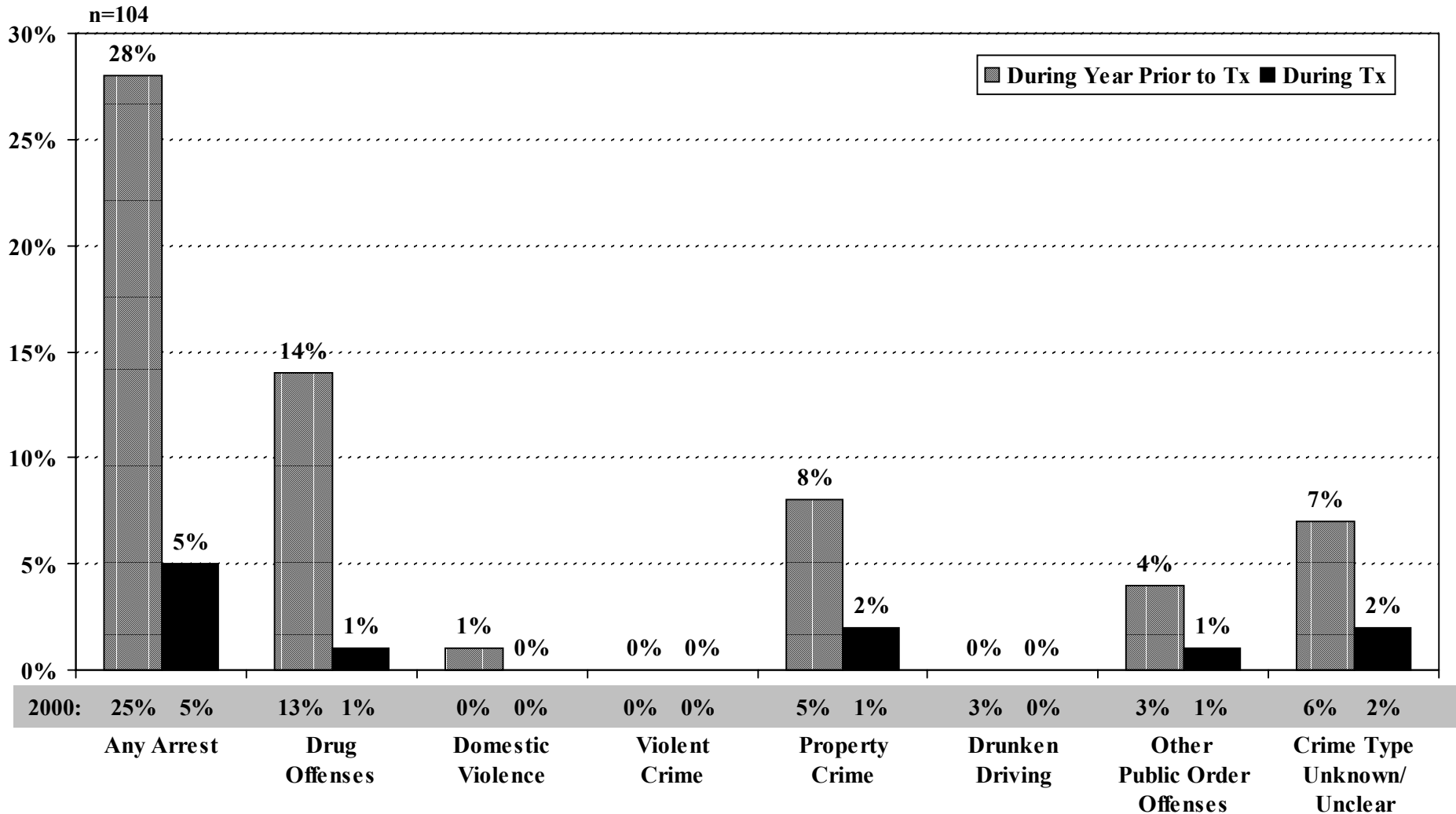


Chart N-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001

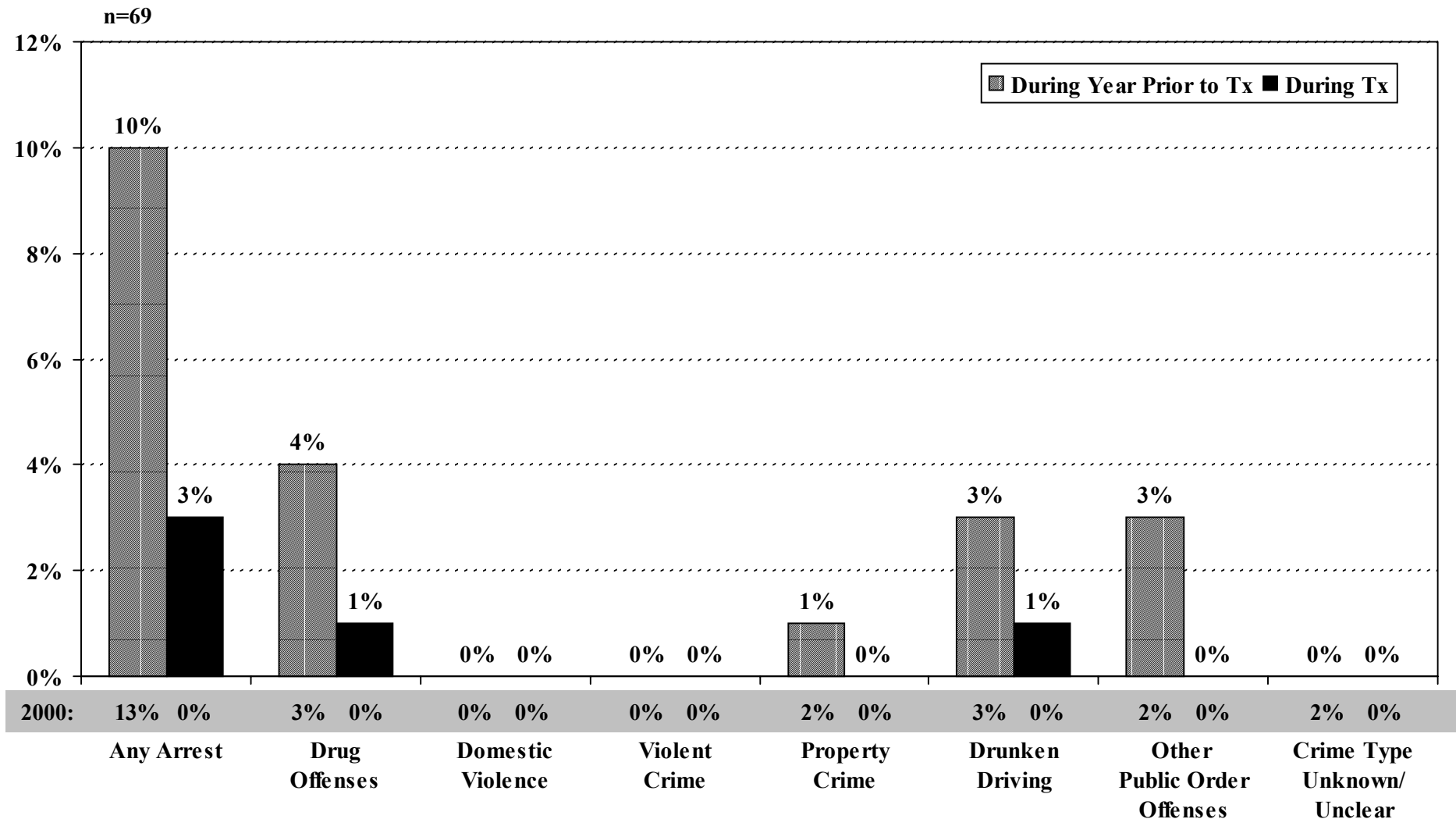


Chart N-3

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001**

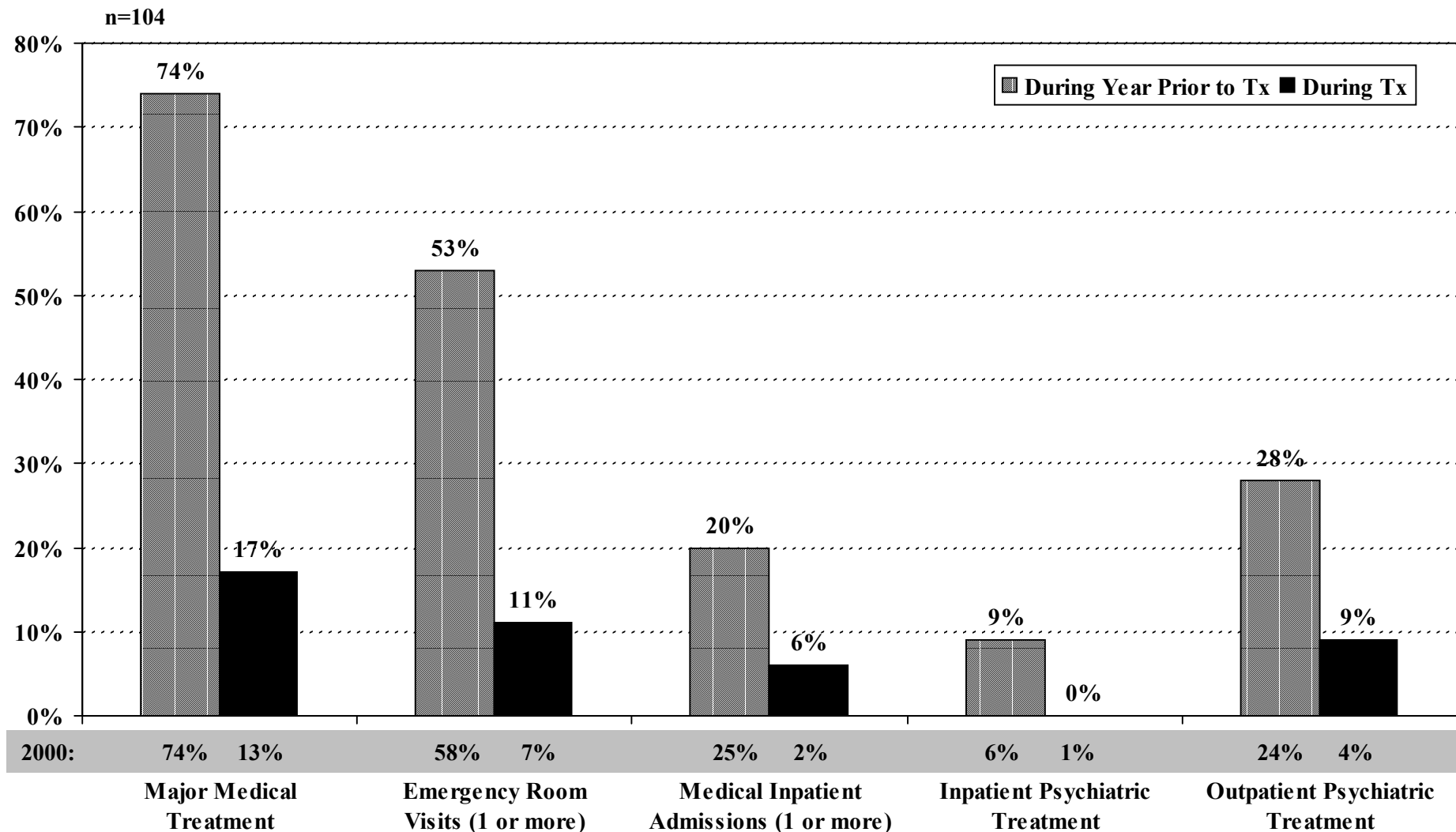


Chart N-4

**Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001**

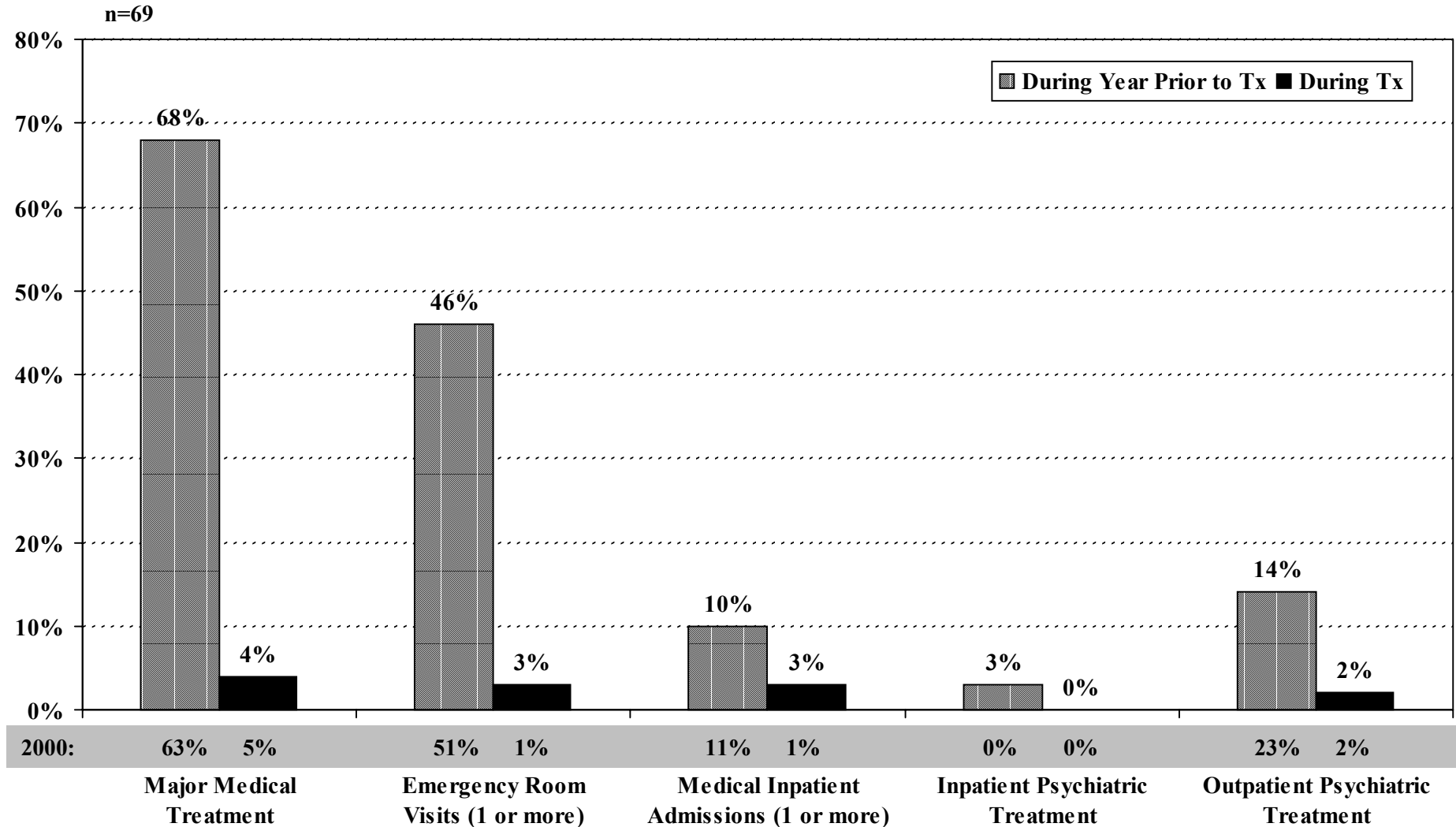


Chart N-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001**

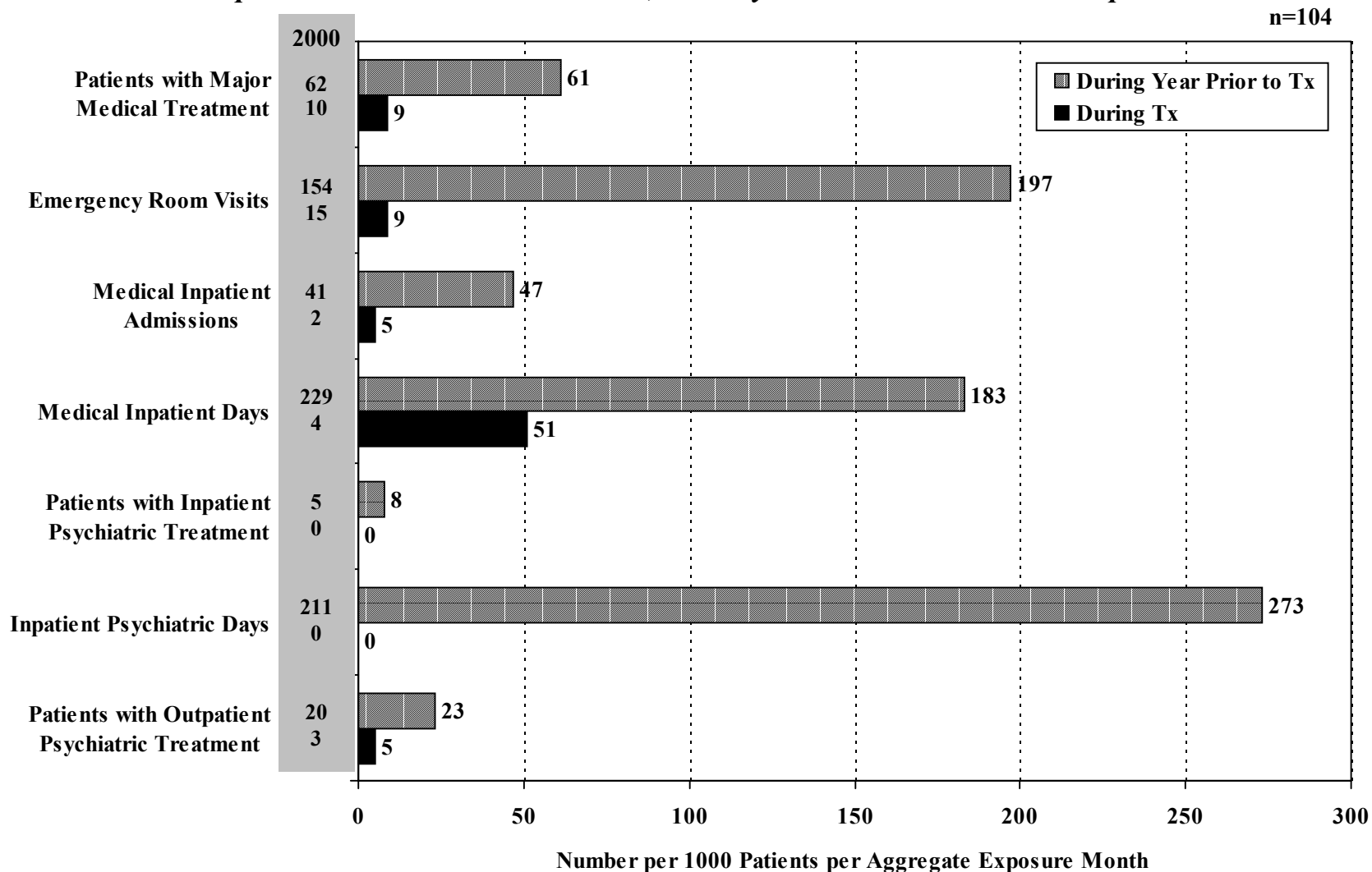


Chart N-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001**

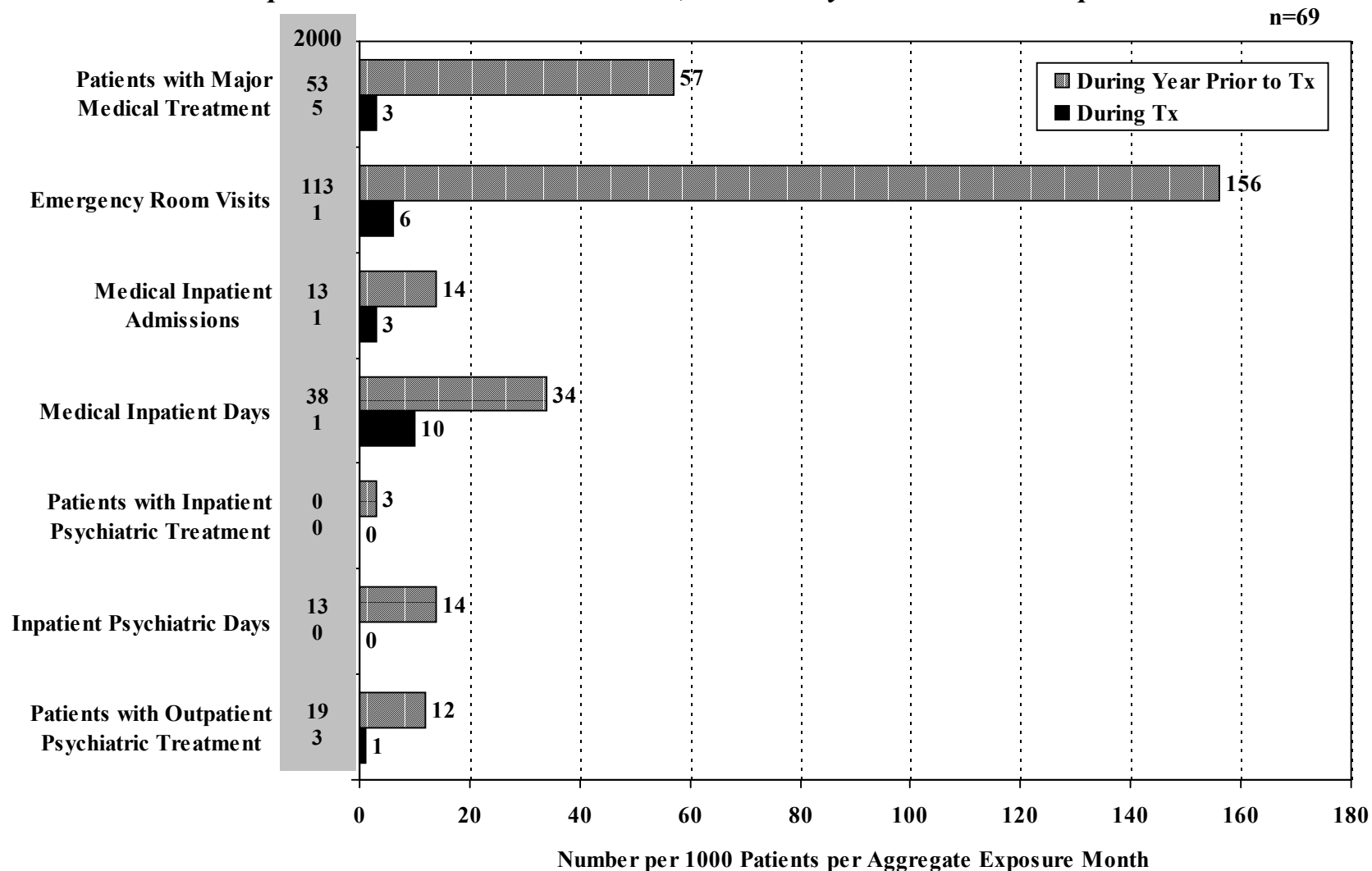
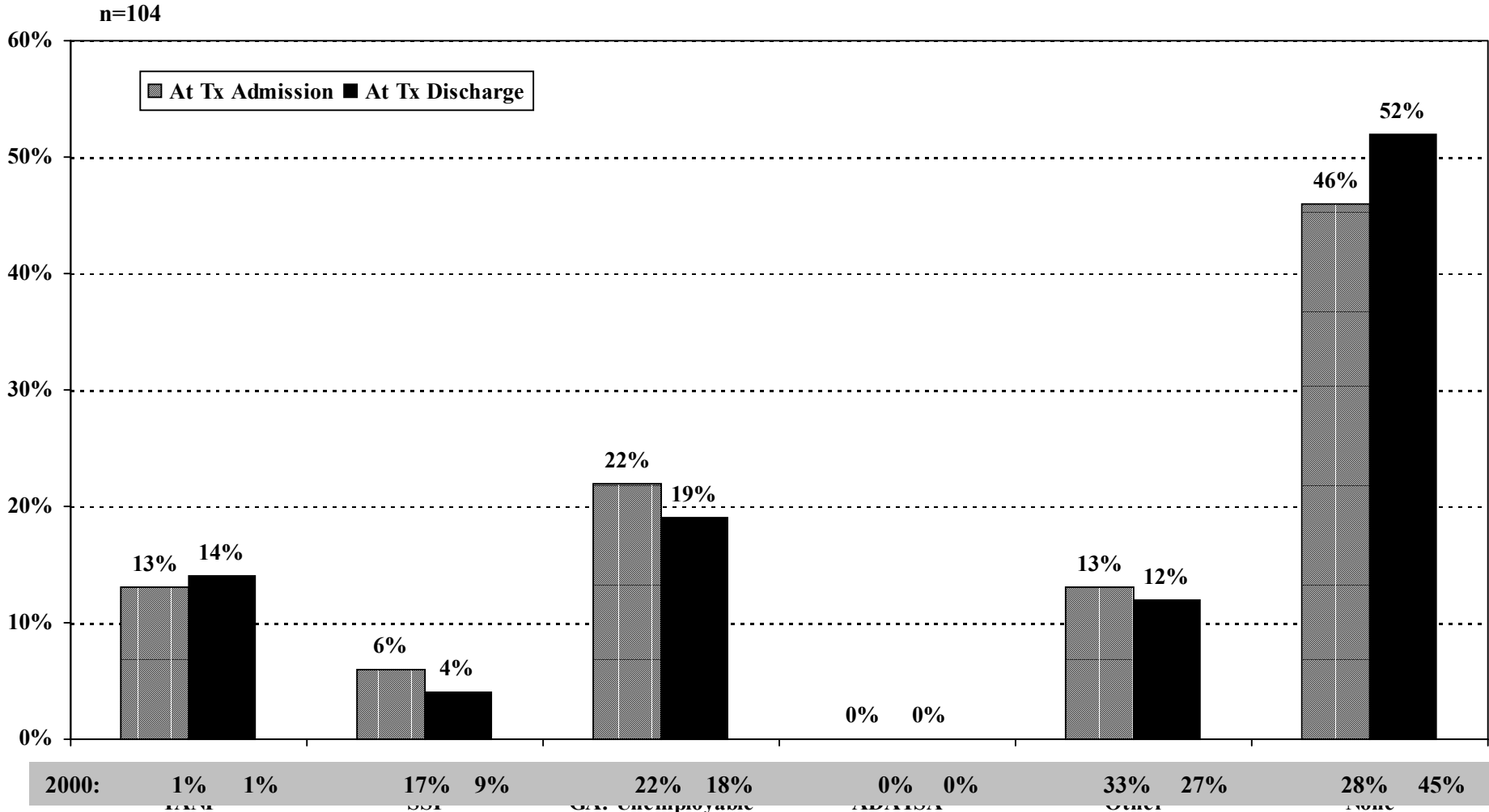


Chart N-7

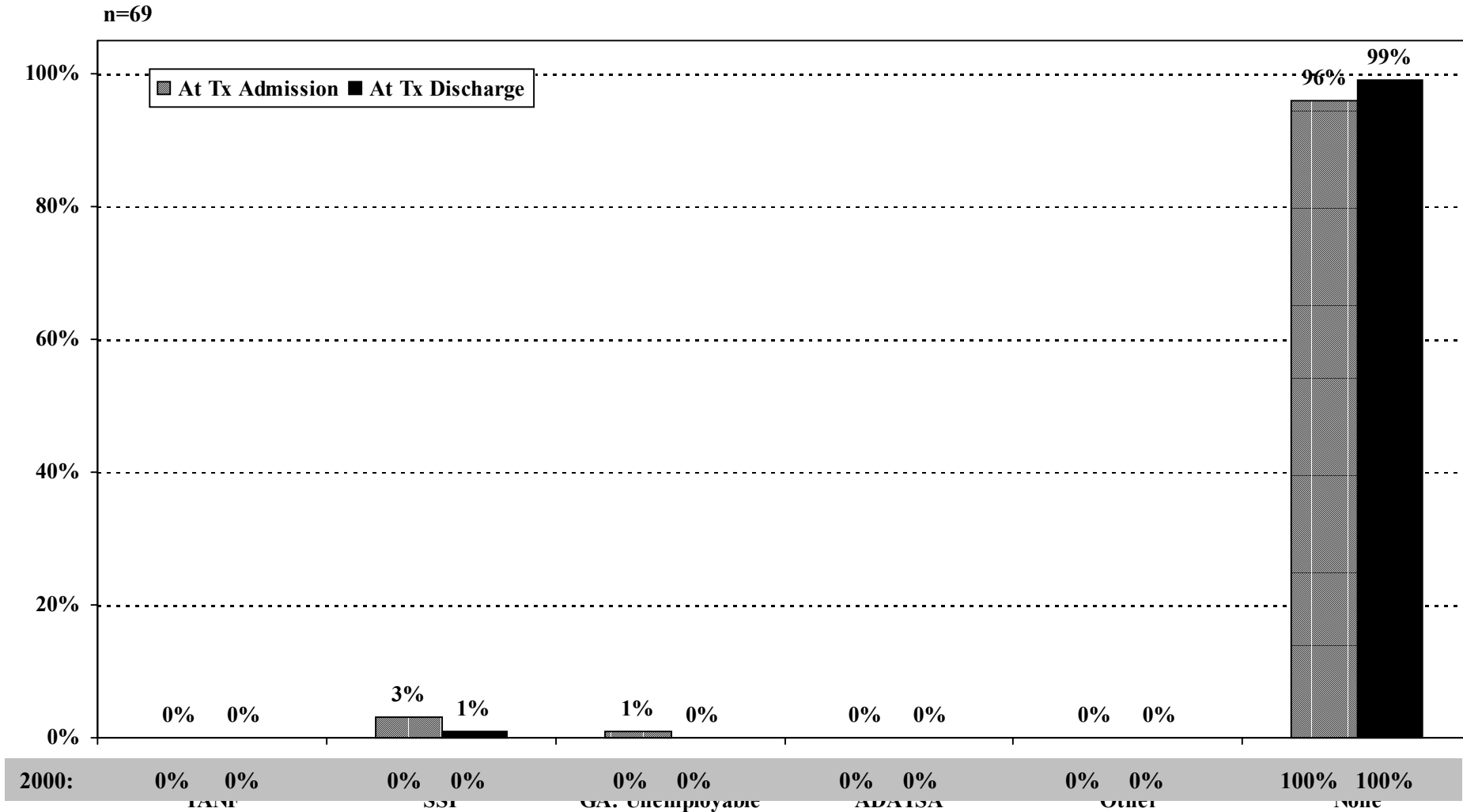
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance. "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

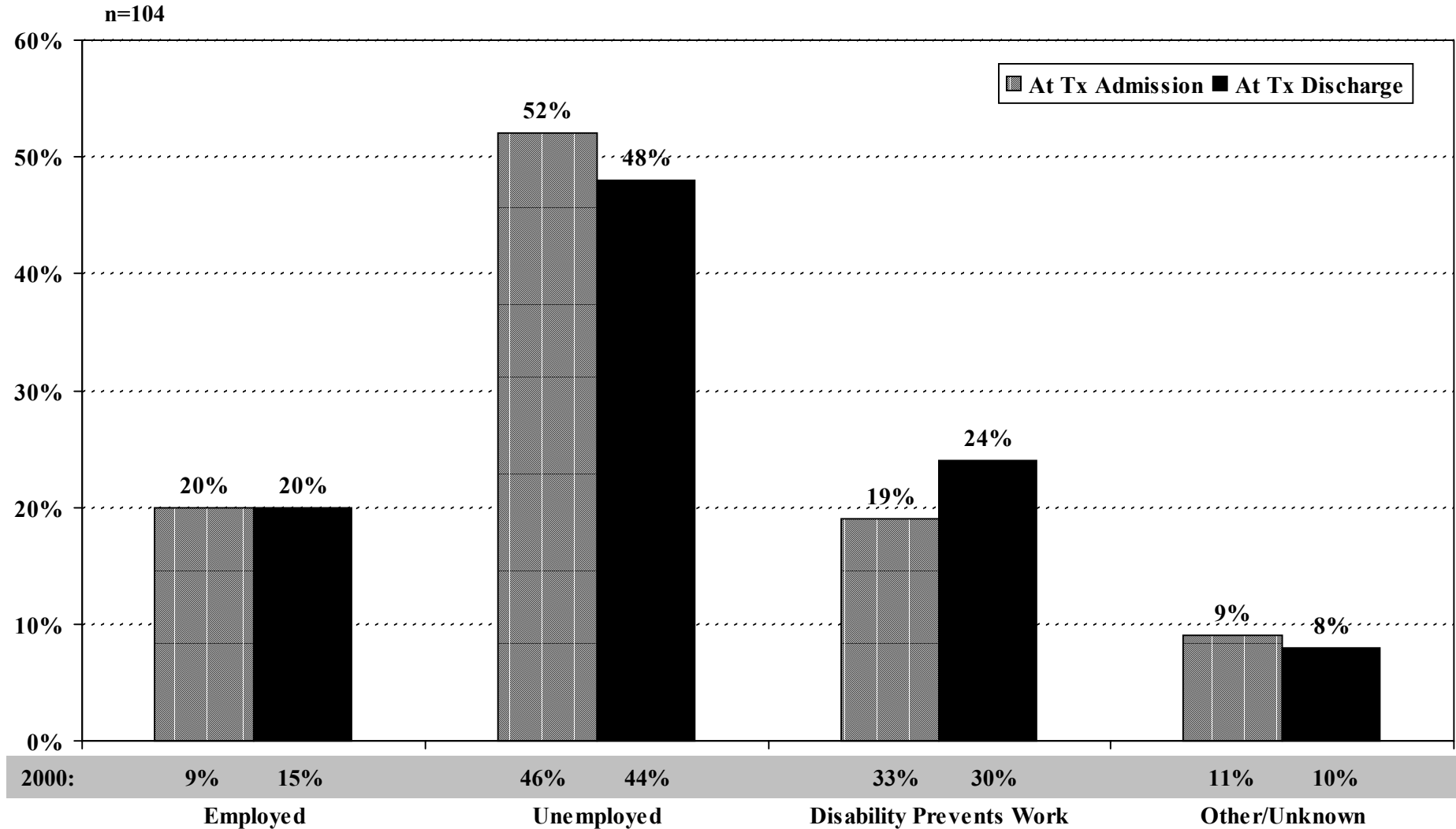
Chart N-8

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001**



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

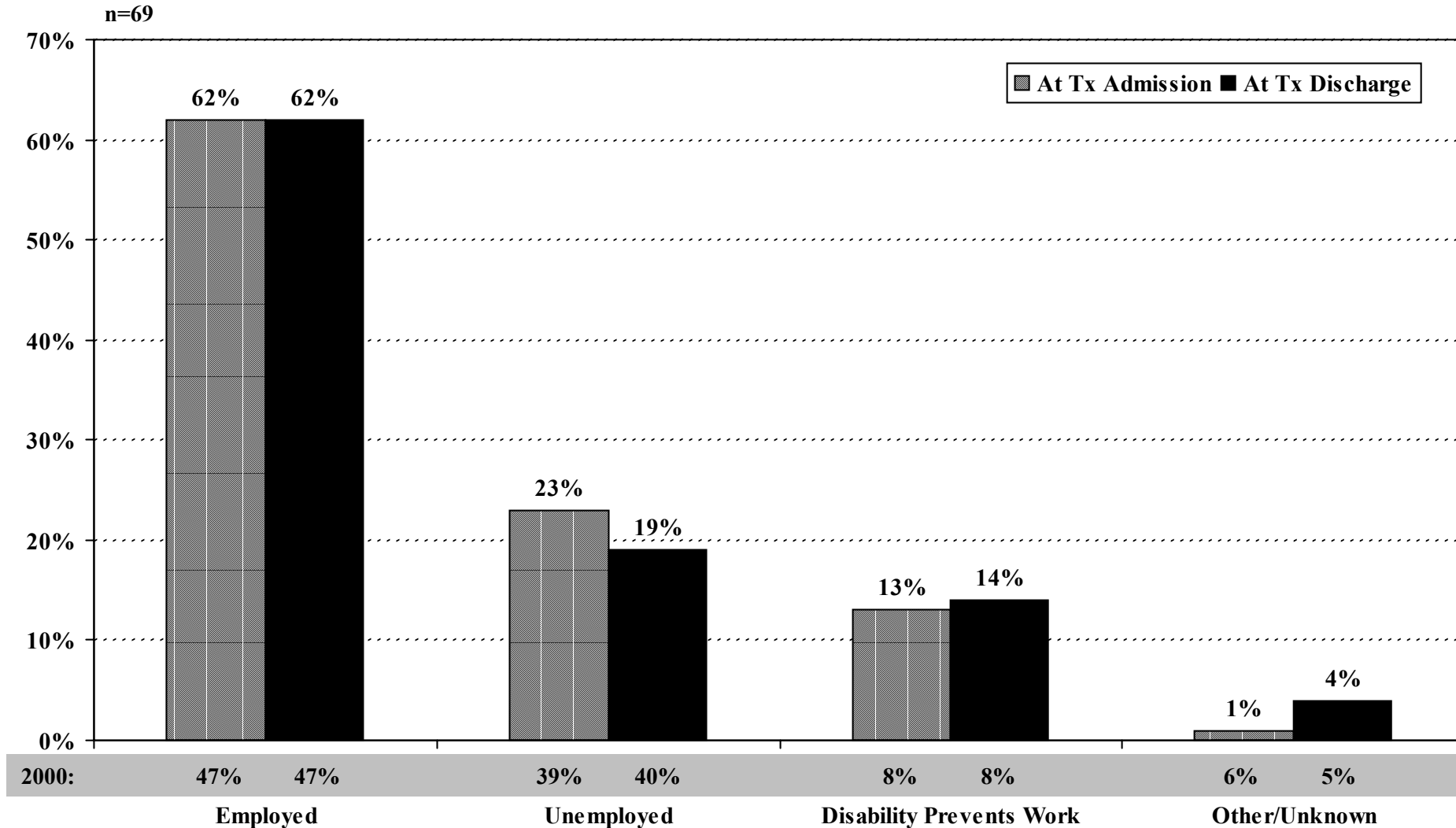
Chart N-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart N-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart N-11

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Midvale, Publicly Funded Patients – Jan.-Sept. 2001**

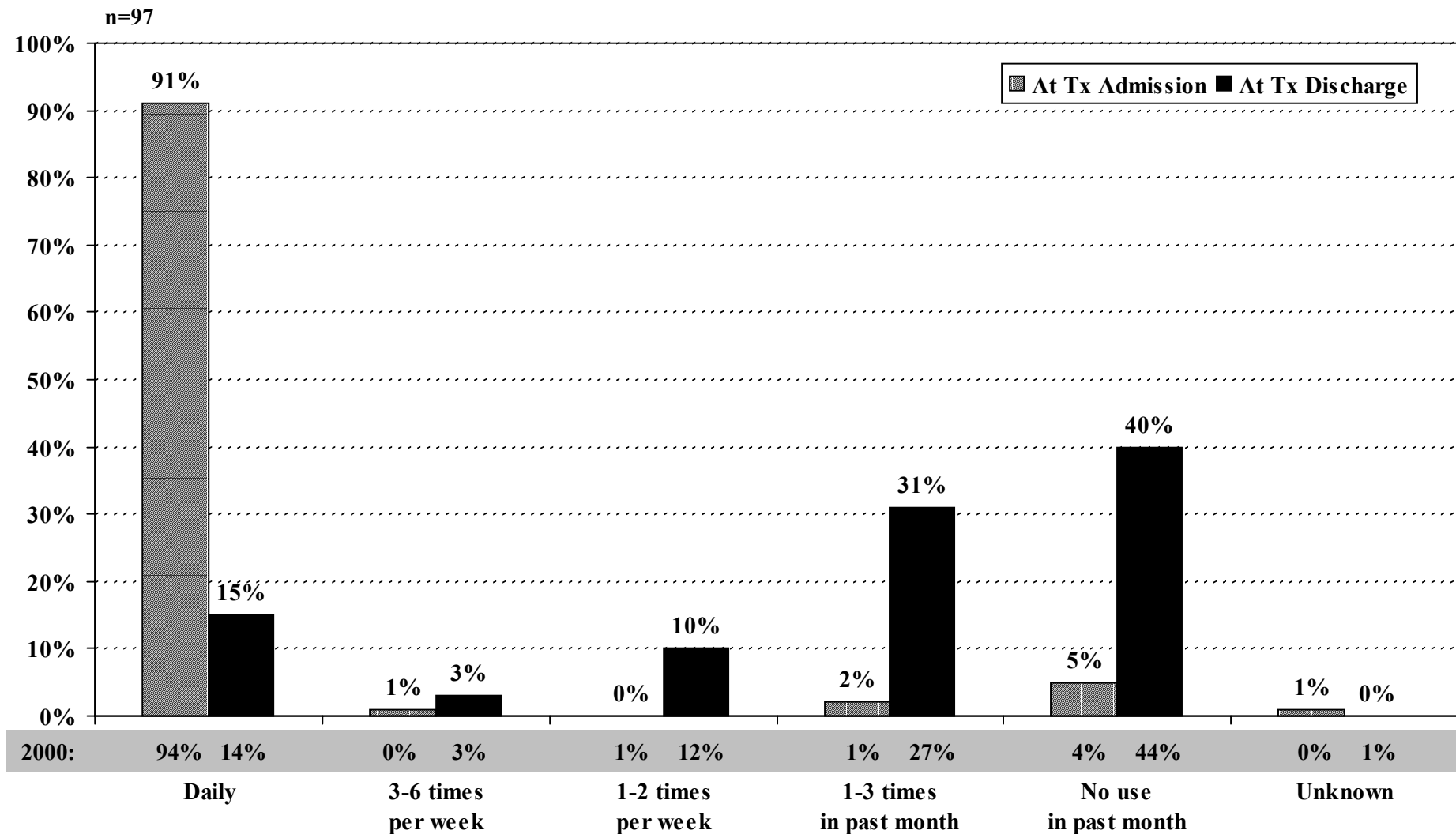
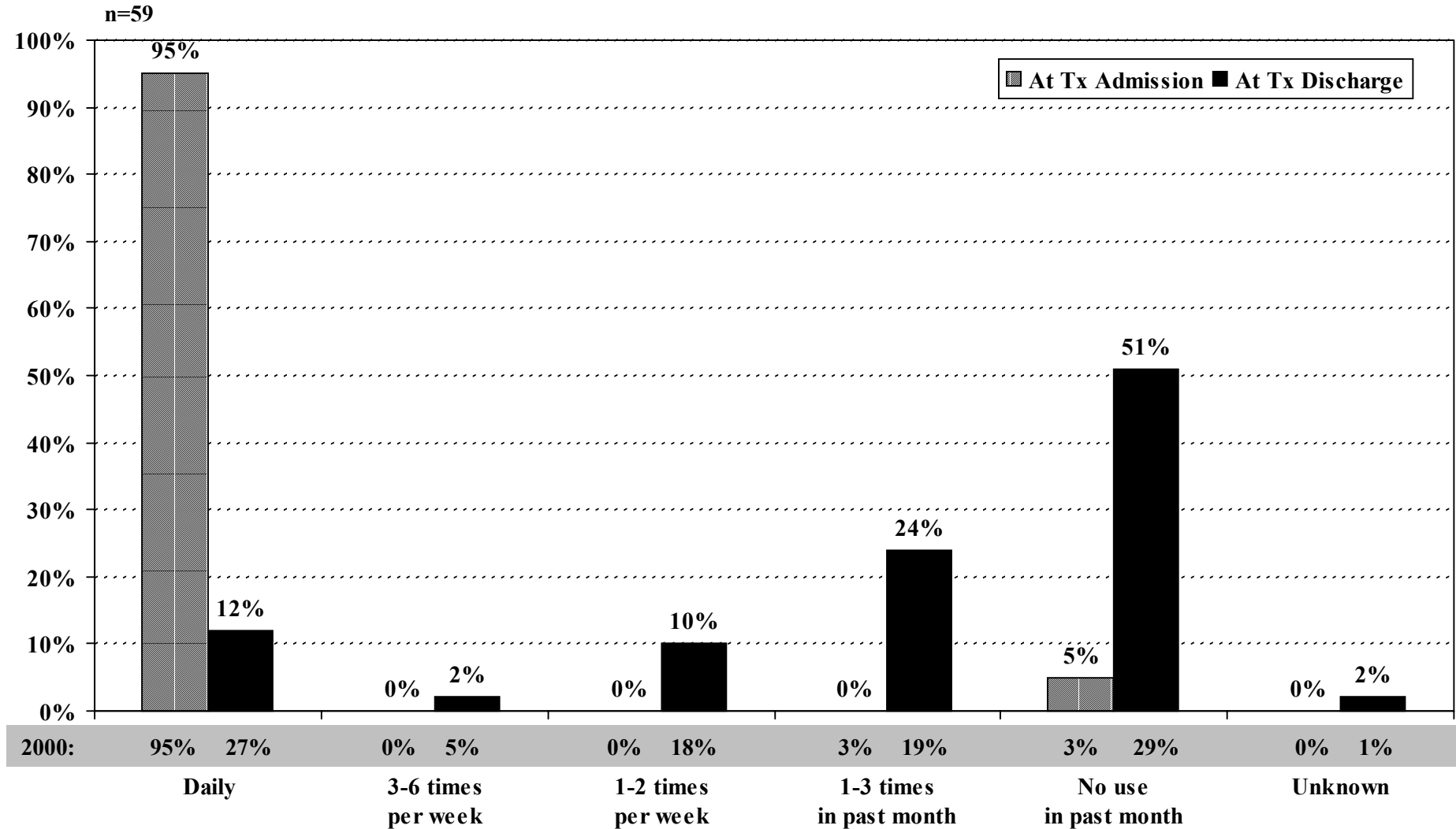


Chart N-12

**Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Midvale, Private-Pay Patients – Jan.-Sept. 2001**



Therapeutic Health Services – Summit

Chart O-1
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001

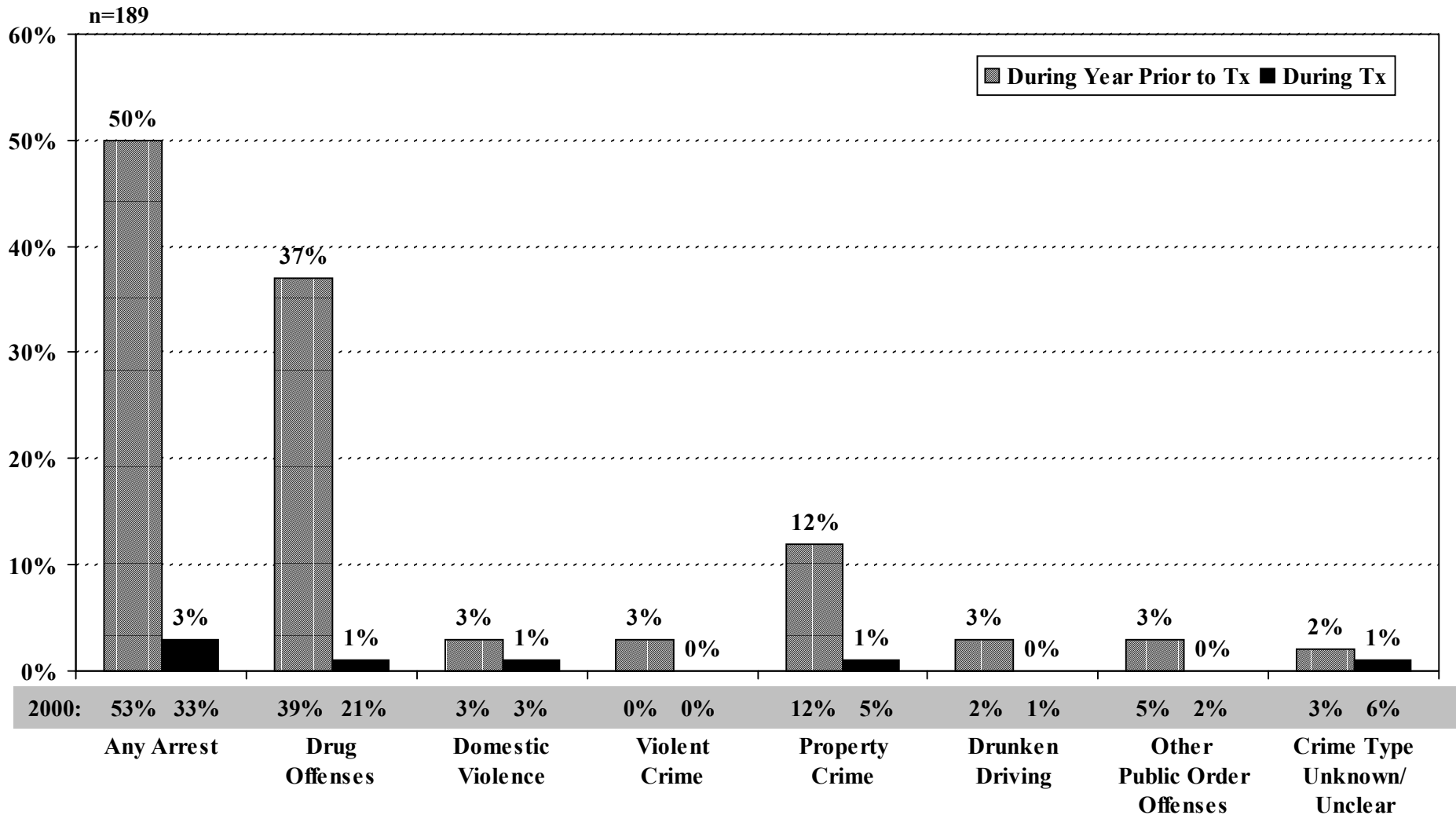


Chart O-2
Criminal Arrests Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001

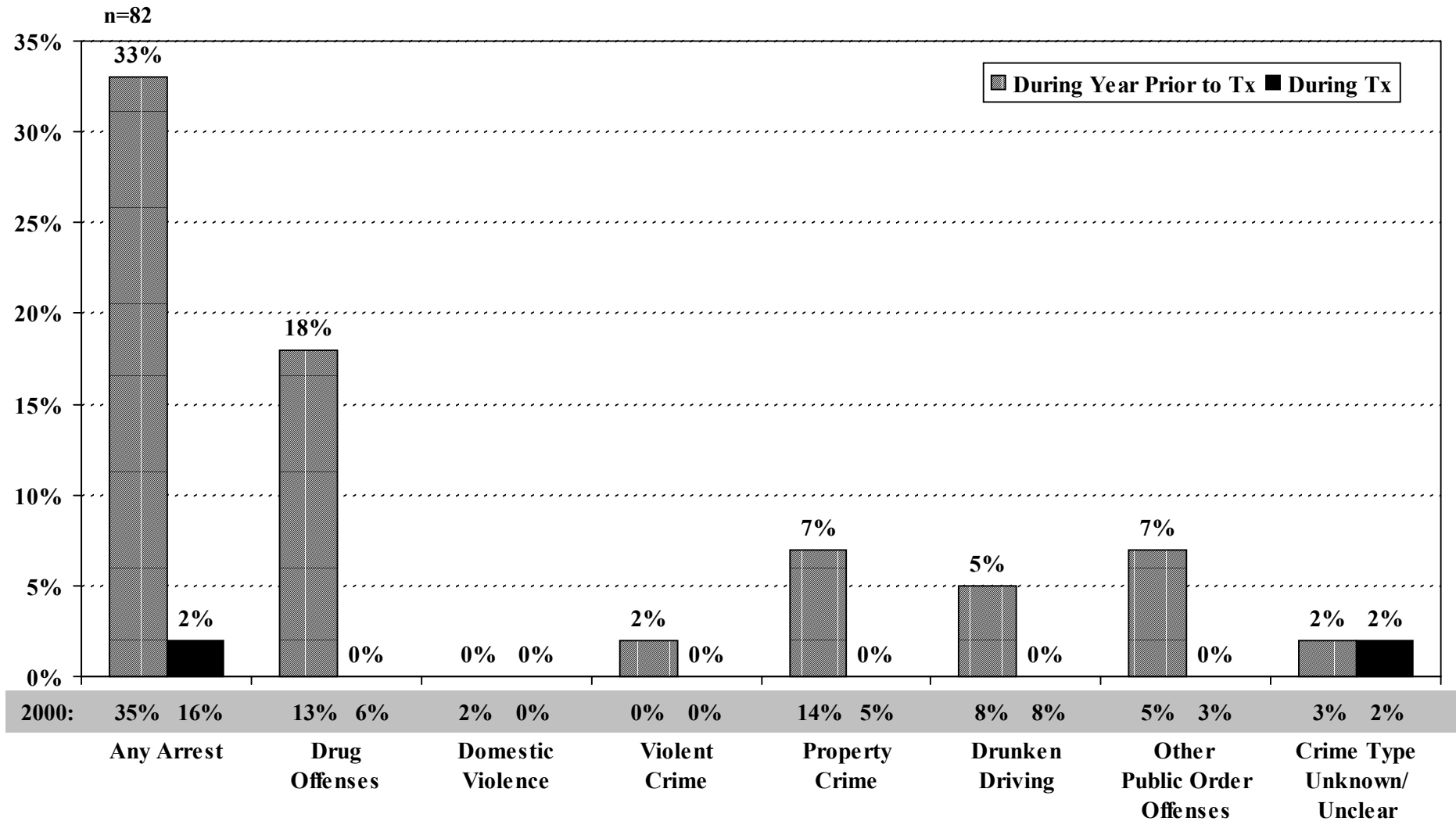


Chart O-3
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001

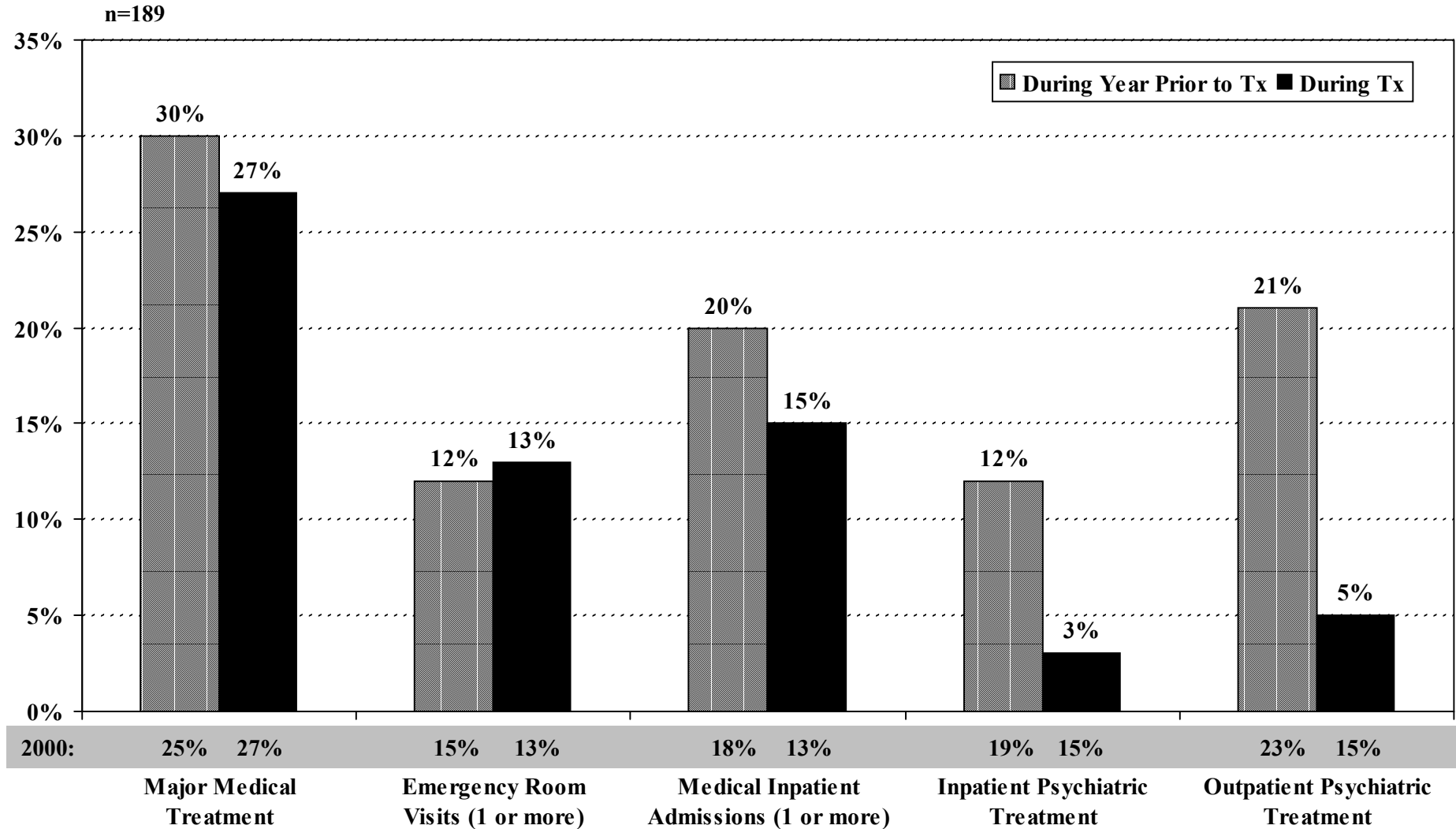


Chart O-4
Health Care Utilization Among Opiate Substitution Patients Before/During Treatment:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001

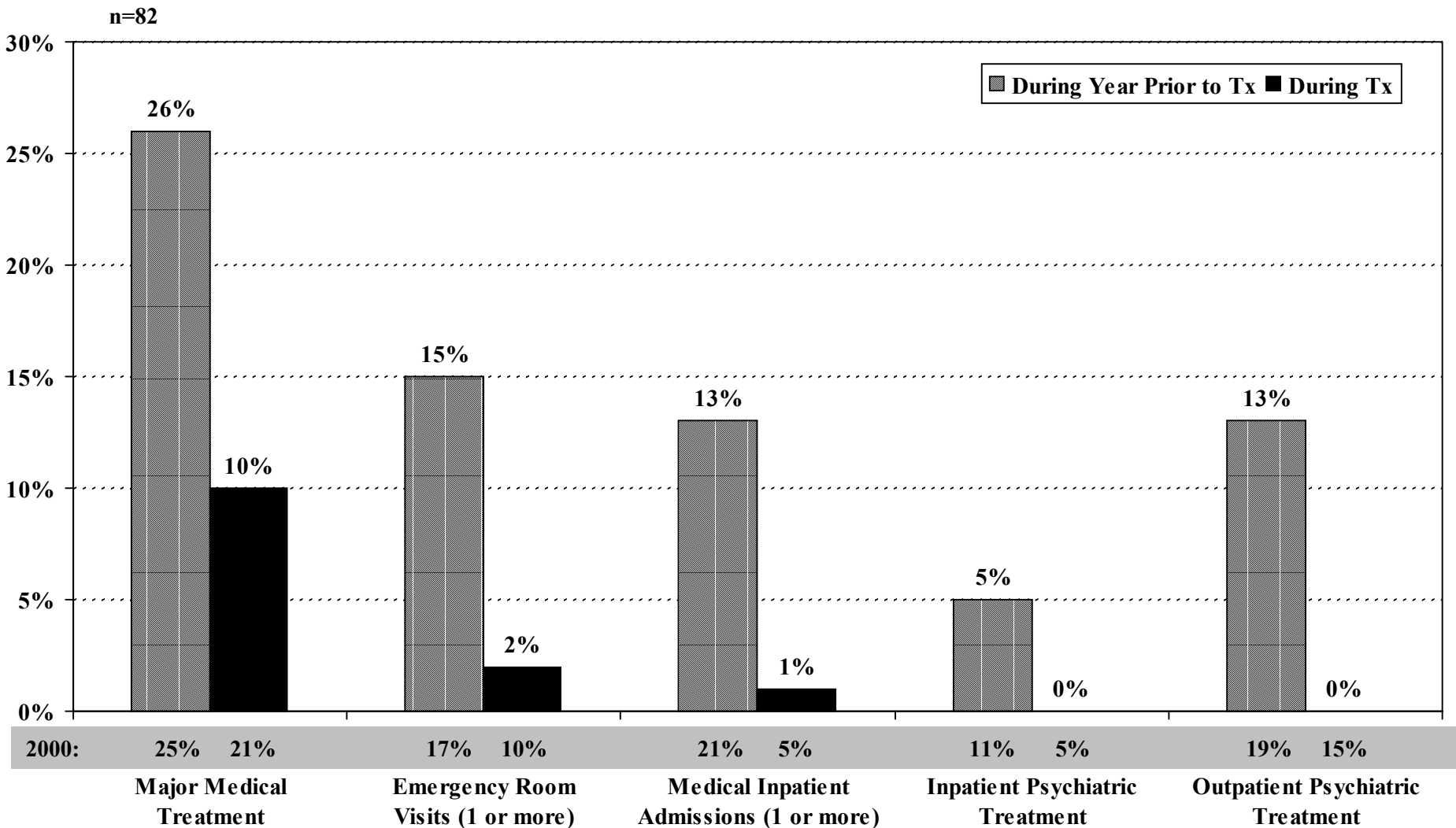


Chart O-5

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001**

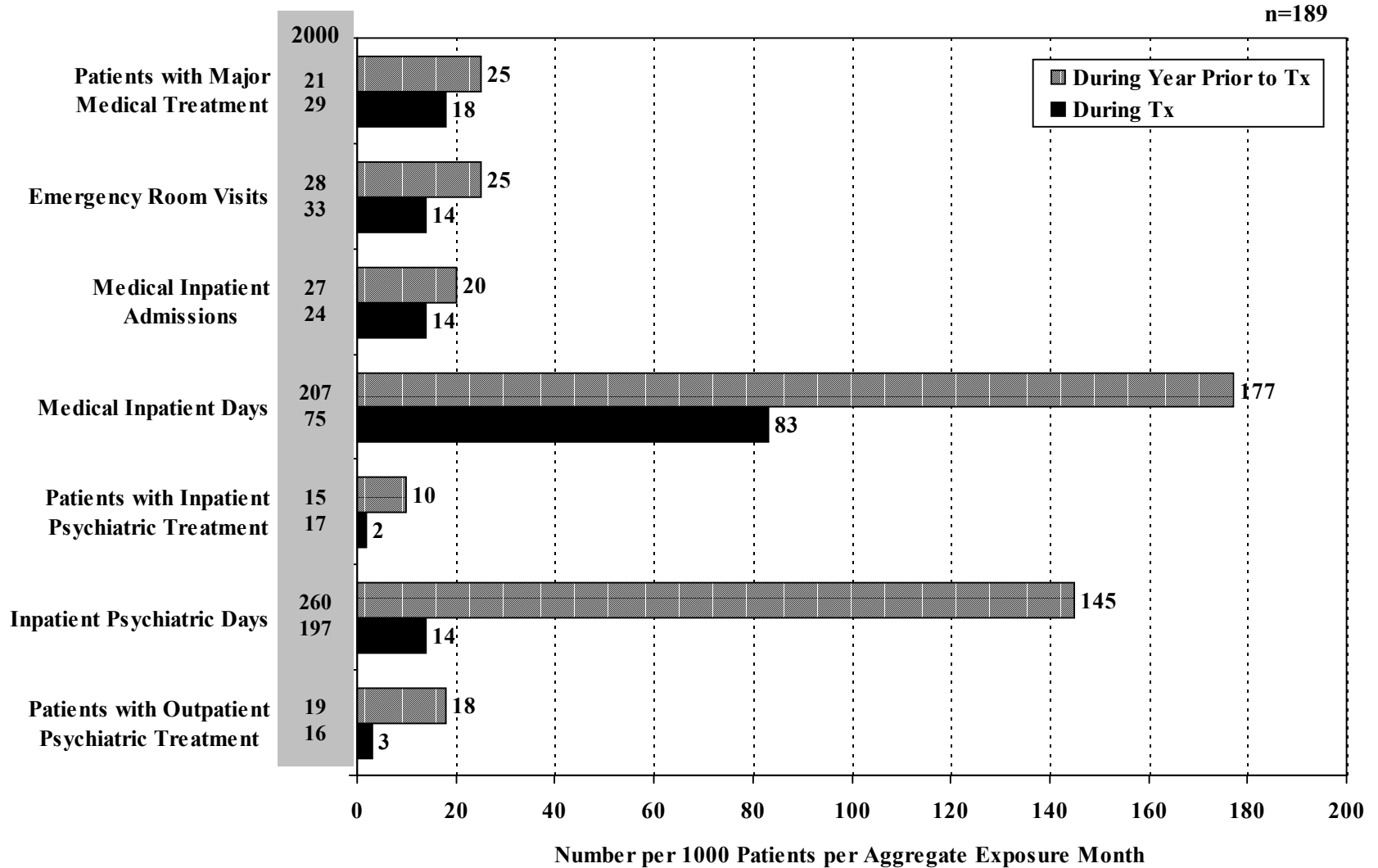


Chart O-6

**Health Care Utilization Rates Before/During Treatment Among Opiate Substitution Patients:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001**

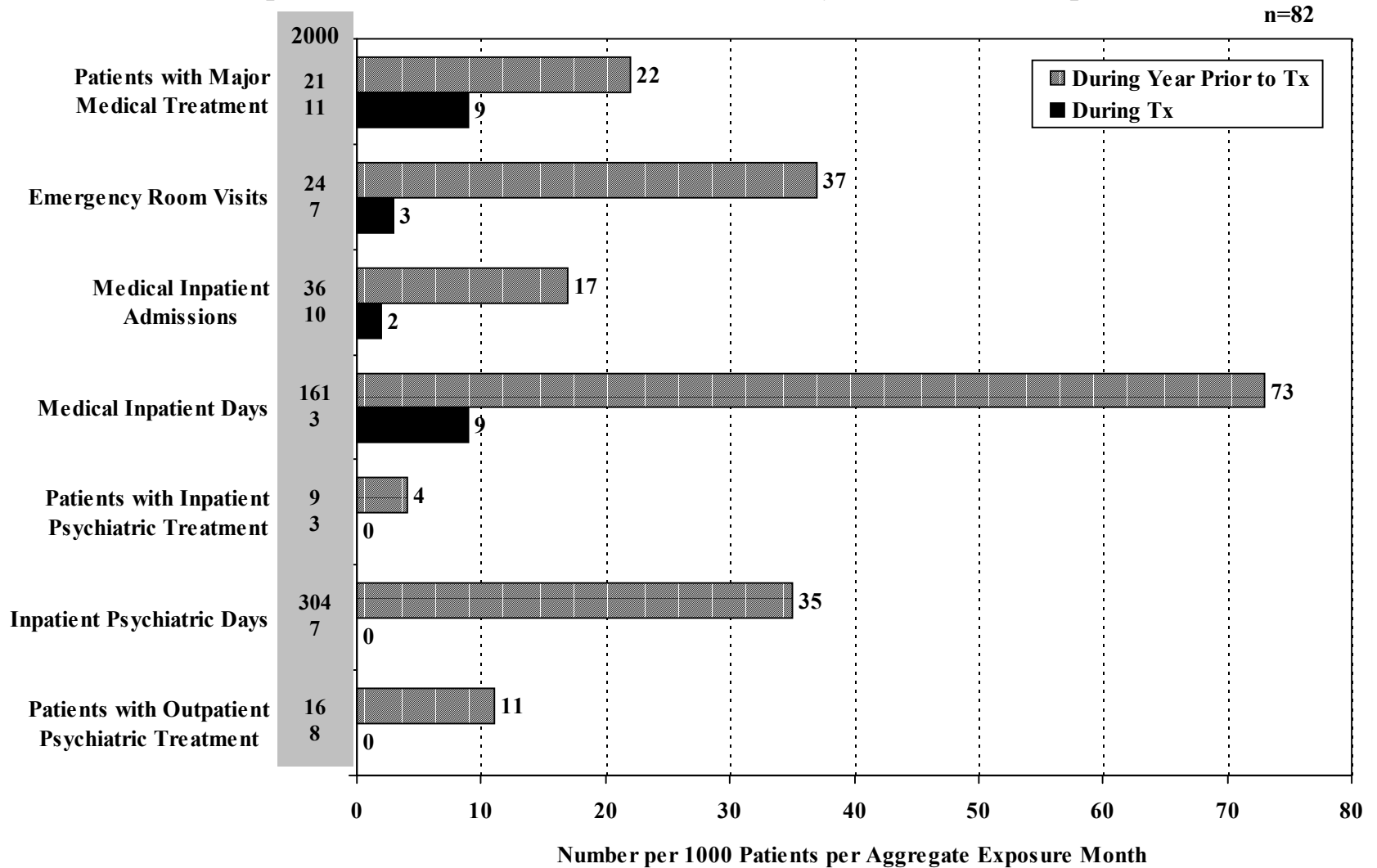
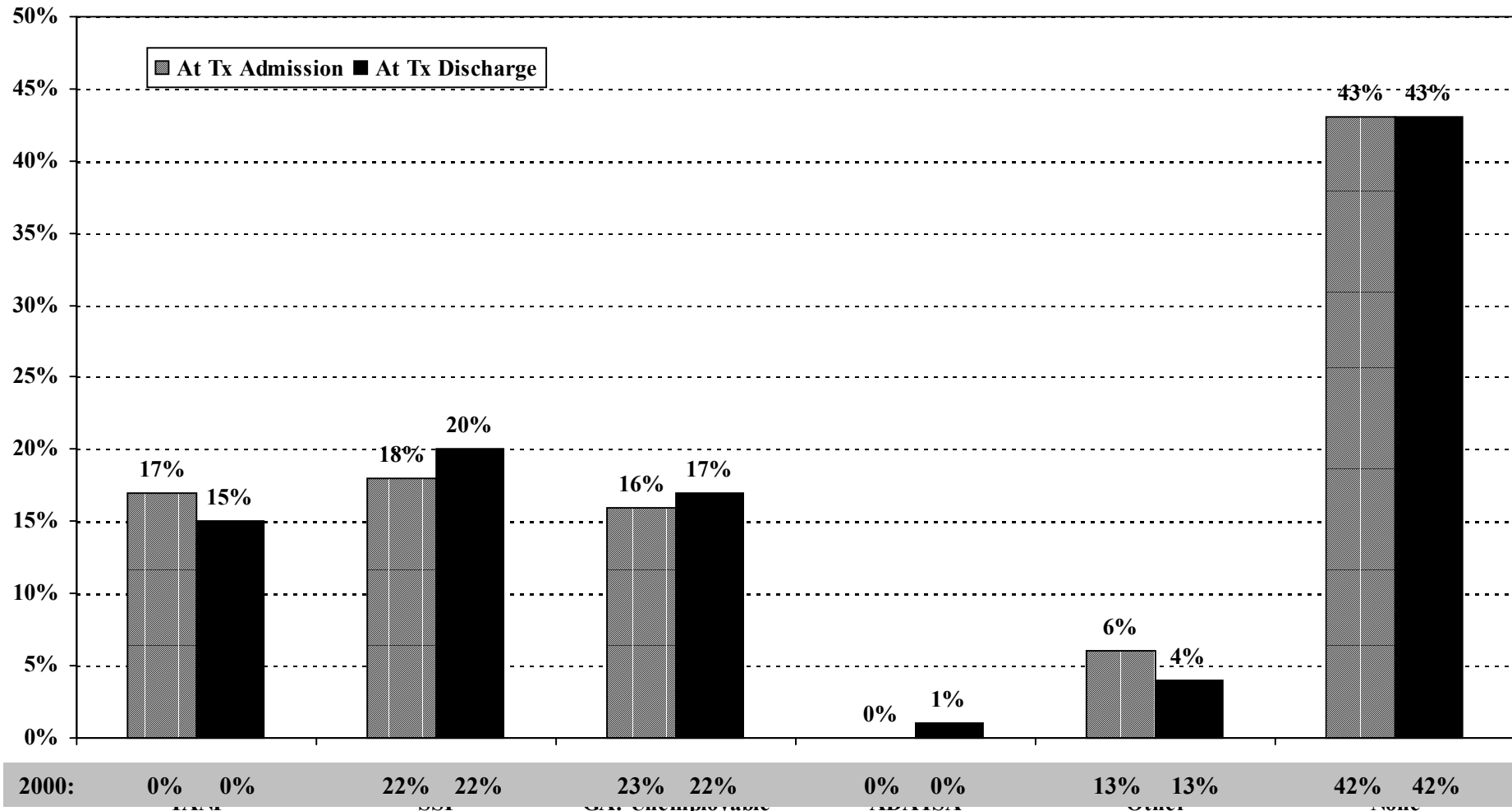


Chart O-7

**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001**

n=189

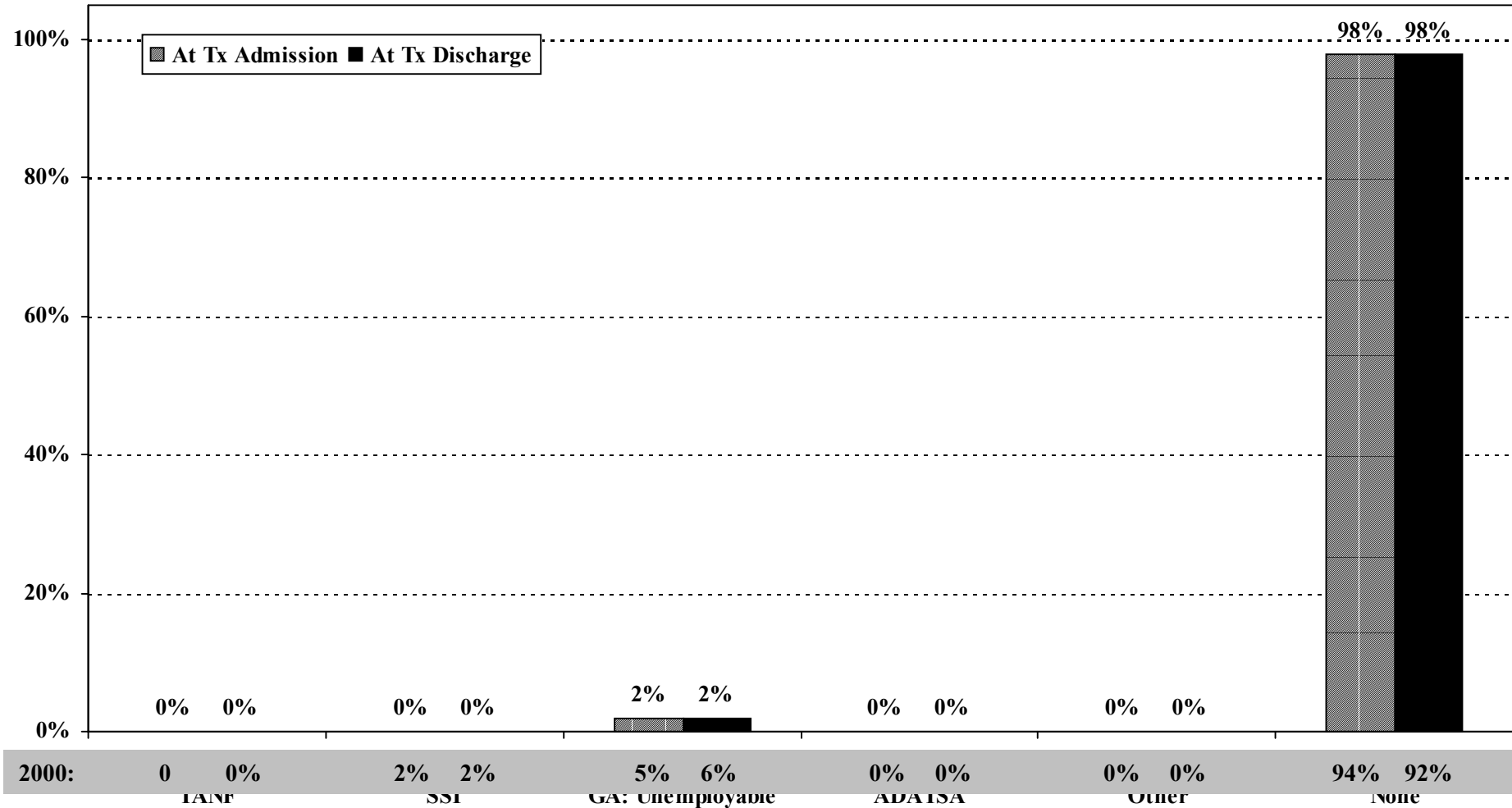


"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

Chart O-8

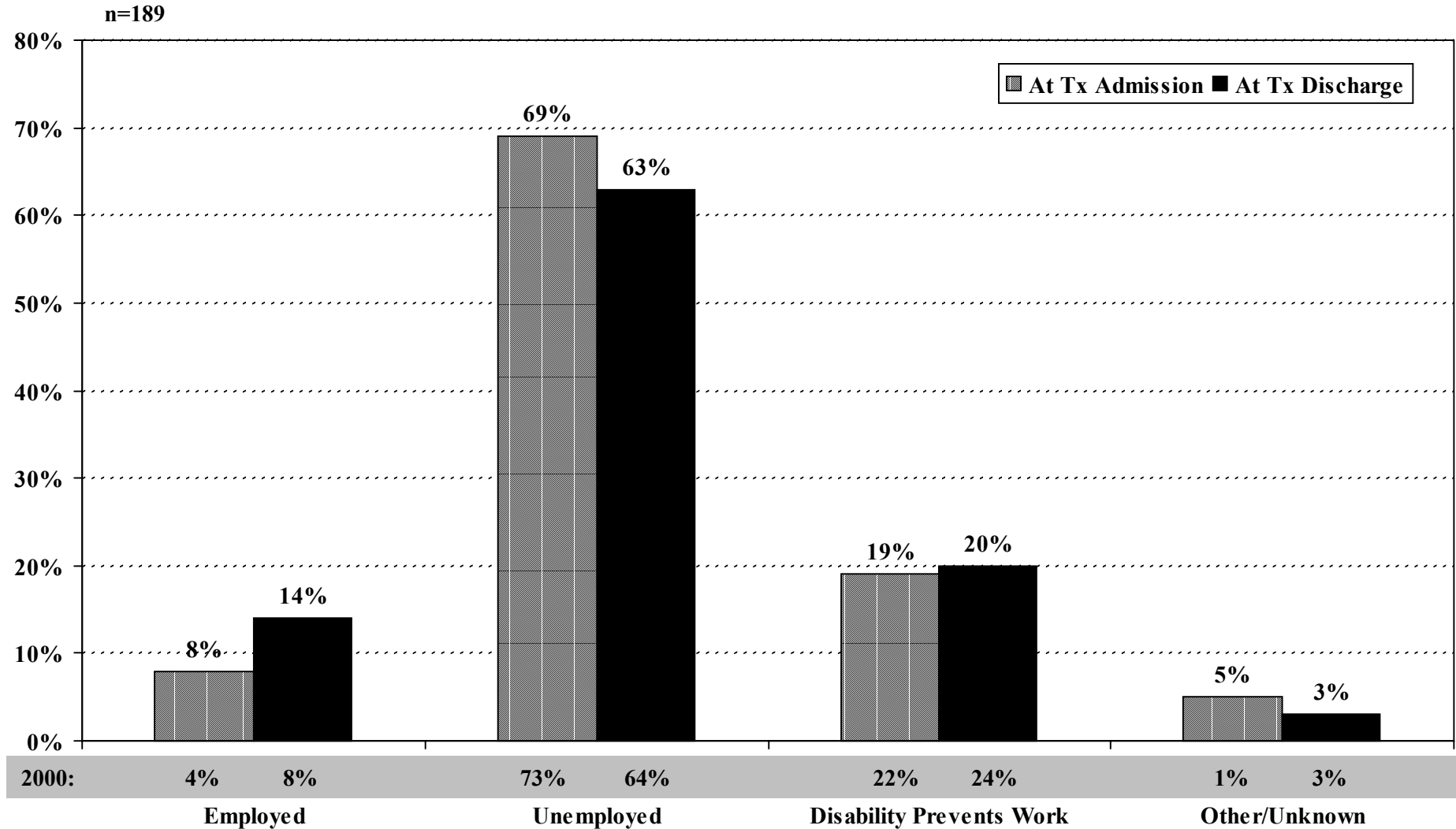
**Public Assistance Type Among Opiate Substitution Patients at Treatment Admission/Discharge:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001**

n=82



"Other" public assistance includes General Assistance: Pregnant, General Assistance: Presumptive Disability, "Medical Only" and Refugee Assistance.
 "2000" percentages below chart indicate corresponding figures from last year's Management Report on OST patients discharged in 2000.
 Note: As in previous Management Reports, this chart presents the type of public assistance received as the patient's primary source of income.

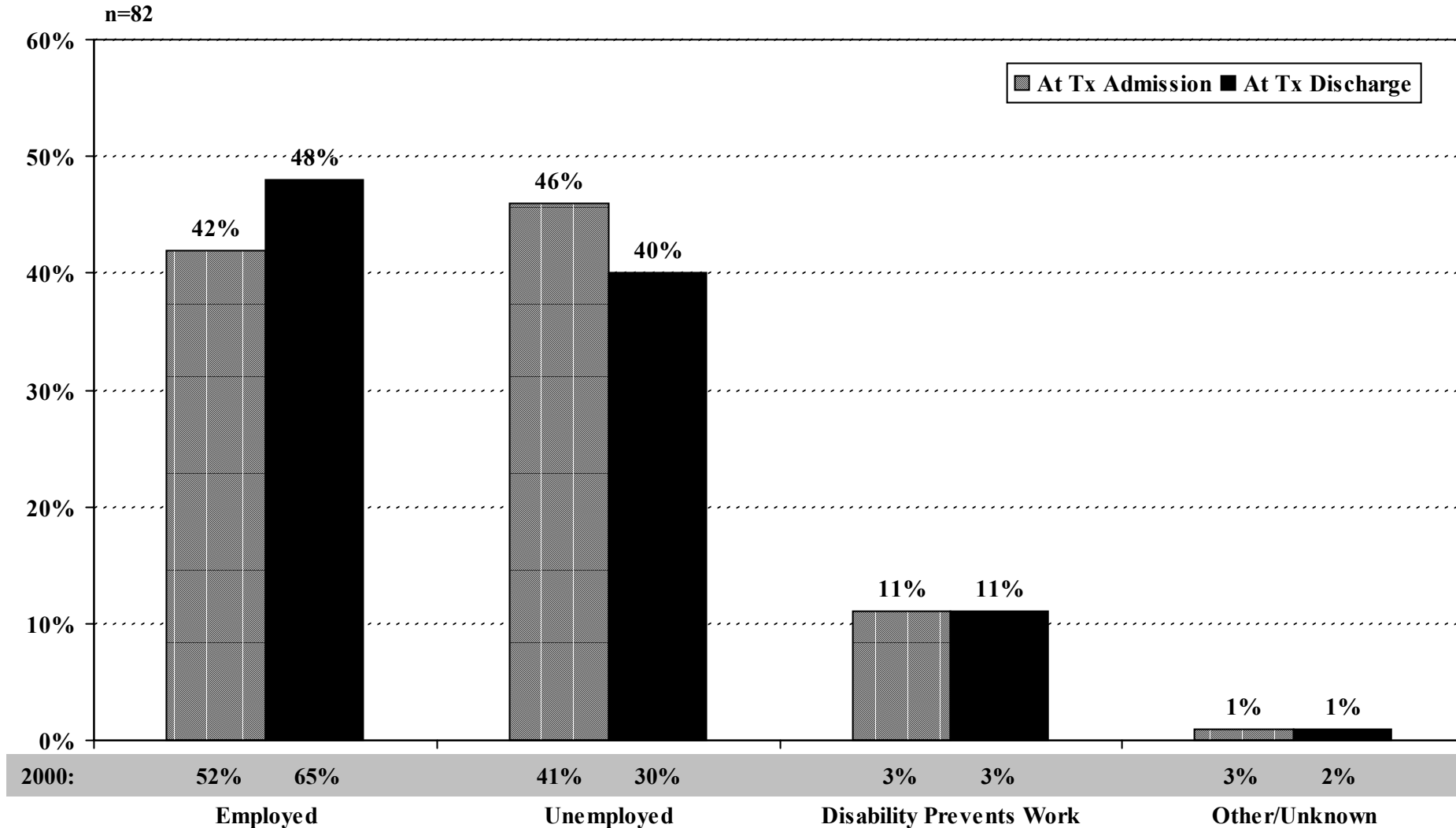
Chart O-9
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart O-10
Employment Status Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001



“2000” percentages below chart indicate corresponding figures from last year’s Management Report on OST patients discharged in 2000.

“Other” employment status includes those who are full-time student, homemaker, institutionalized, military, or retired.

Chart O-11

Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Summit, Publicly Funded Patients – Jan.-Sept. 2001

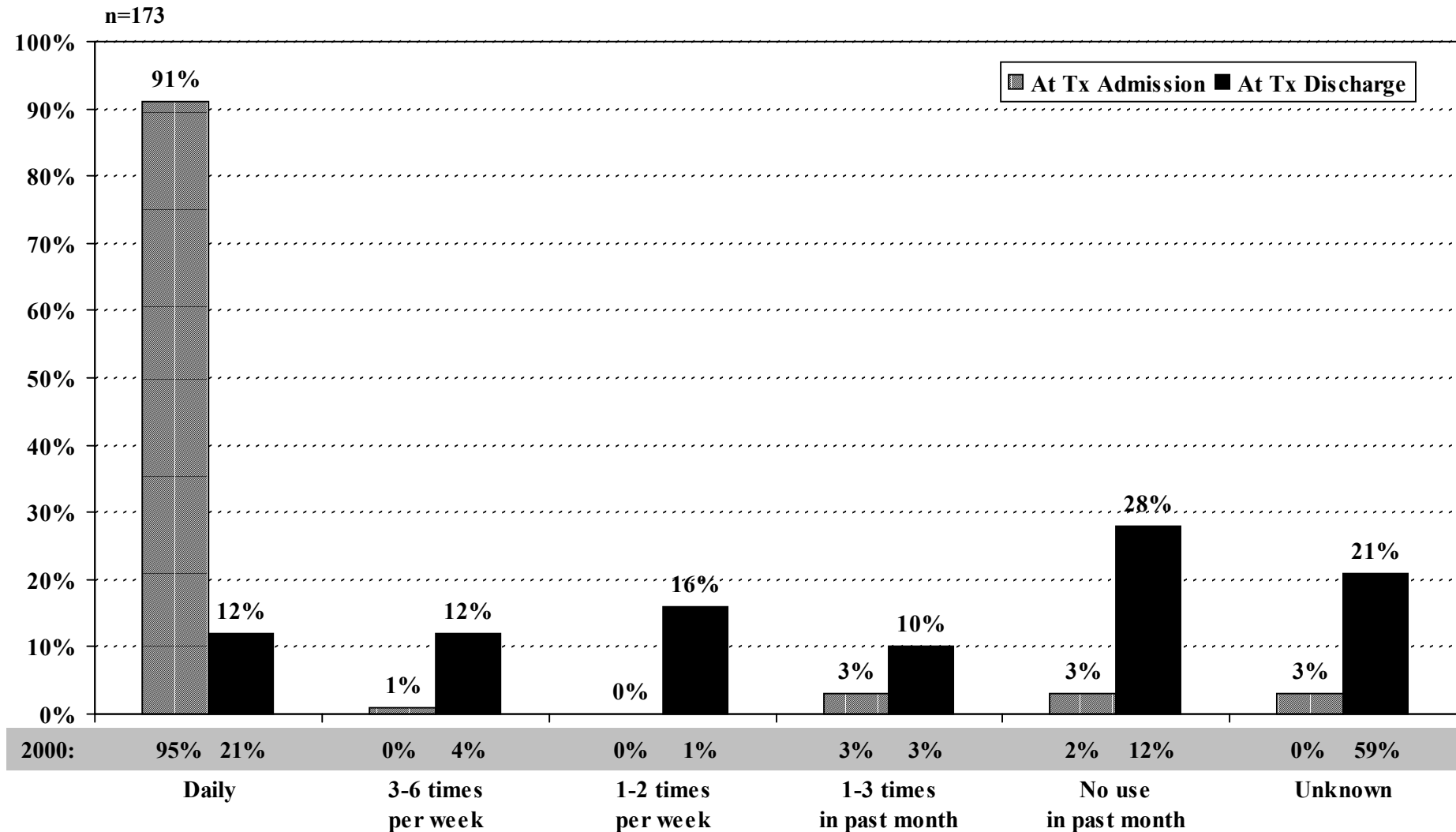
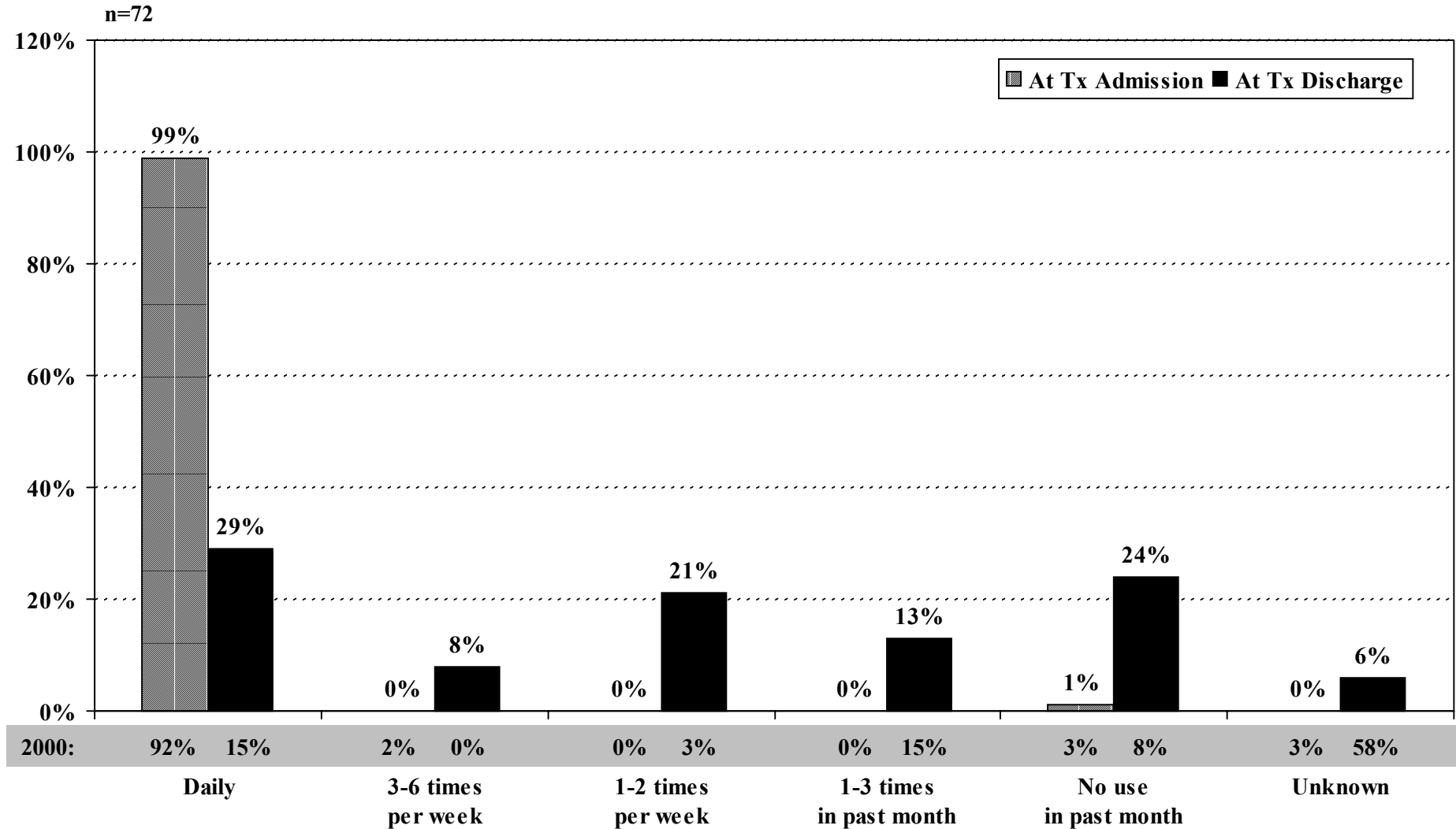


Chart O-12
Frequency of Heroin Use Among Opiate Substitution Patients Before/After Treatment:
Therapeutic Health Services - Summit, Private-Pay Patients – Jan.-Sept. 2001



Voluntary vs. Involuntary Discharges

Table 4. Voluntary vs. Involuntary Discharges: Discharge Type by Provider and Funding Source

Program	All Patients		Publicly Funded Treatment		Private-Pay Treatment	
	Voluntary Discharge	Involuntary Discharge	Voluntary Discharge	Involuntary Discharge	Voluntary Discharge	Involuntary Discharge
Alcohol Drug Network	21 (31%)	46 (69%)	5 (31%)	11 (69%)	16 (31%)	35 (69%)
Central WA Comp MH	30 (100%)	0 (0%)	20 (100%)	0 (0%)	10 (100%)	0 (0%)
WCHS Federal Way	40 (91%)	4 (9%)	---	---	40 (91%)	4 (9%)
Evergreen Primary	23 (22%)	80 (78%)	16 (21%)	61 (79%)	7(73%)	19 (23%)
Evergreen Unit 2	49 (28%)	125 (72%)	27 (23%)	88 (77%)	22 (37%)	37 (63%)
Evergreen Unit 3	20 (33%)	41 (67%)	16 (29%)	39 (71%)	4 (67%)	2 (33%)
Tacoma Pierce County	15 (58%)	11 (42%)	11 (61%)	7 (39%)	4 (50%)	4 (50%)
Upper Tacoma	8 (62%)	5 (38%)	3 (50%)	3 (50%)	5 (71%)	2 (29%)
THS Midvale	77 (45%)	96 (55%)	39 (38%)	65 (63%)	38 (55%)	31 (45%)
THS Summit	119 (44%)	152 (56%)	78 (41%)	111 (59%)	41 (50%)	41 (50%)
Total	402 (42%)	560 (58%)	215 (36%)	385 (64%)	187 (52%)	175 (48%)

Note: Involuntary discharges are discharges for (1) rule violations or (2) being non-amenable to treatment.